Final Report

Labour Market Study of Home Care/Special Care Aides in Saskatchewan

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1 Introduction

In order to better understand the changing needs of both Home Care/Special Care Aides and their current and potential employers, Saskatchewan Health and Saskatchewan Learning (formerly Saskatchewan Post-Secondary Education and Skills Training) provided funding to assist in the establishment of a Saskatchewan Home Care/Special Care Aide Partnership Steering Committee (hereon referred to as the Steering Committee) to conduct a labour market analysis of these health providers.

More specifically, the Steering Committee completed an in-depth examination of the current supply and demand of Home Care/Special Care Aides, identified how they are currently being employed, how they could be employed differently, how retention could be improved, and if changes are required to the current training curriculum.

The purpose of the project was to accomplish the following objectives:

- To develop a comprehensive profile of the existing Home Care/Special Care Aide workforce in Saskatchewan, to include but not necessarily be limited to, current demographics, working conditions, job satisfaction, turn over rates, vacancy, employment status (i.e., casual, part-time, full time) unionization;
- To assess the appropriateness and cost of the existing training programs (both pre-employment and on-the-job training) in meeting current and future needs of Saskatchewan's health employers and if program changes are required to provide better employment opportunities for this provider group to detail what the new skills areas might be;
- To determine how well existing education programs meet the needs of Home Care/Special Care Aides in terms of recognizing prior learning assessments and on-the-job training and how readily Home Care/Special Care Aides are able to ladder into other training programs;
- To determine the portability of Home Care/Special Care Aides (given different education and experience levels) between employers and unions and across western jurisdictions, if applicable;
- To assess the existing and future needs of health employers for Home Care/Special Care Aides (casual, part-time, full-time);
- To identify initiatives that will improve the supply and retention of Home Care/Special Care Aides to better meet the needs of health employers in Saskatchewan;
- To recommend an administrative mechanism that would establish or articulate the competencies required by Home Care/Special Care Aides to meet current and future client and employer needs.

A project management team with members from Saskatchewan Health and Saskatchewan Learning was put in place and provided direction and advice as the project proceeded. The following agencies were approached to provide advisory support.

- Dumont Technical Institute (DTI)
- Lakeland College
- Saskatchewan Association of Career Colleges
- Saskatoon Business College (SBC)
- Saskatchewan Indian Institute of Technologies (SIIT)
- Saskatchewan Institute of Applied Science and Technology (SIAST)
- Canadian Union of Public Employees (CUPE)
- Saskatchewan Employees International Union (SEIU)
- Saskatchewan Government Employees Union (SGEU)
- Saskatchewan Association of Health Organizations (SAHO)
- North Central Health District
- Regina Health District
- Saskatoon District Health
- South Central Health District
- Saskatchewan Social Services
- Saskatchewan Seniors Mechanism

In order to meet the objectives of the research, the methodology included the following components:

- Literature review and development of a comprehensive profile of the existing Home Care/Special Care Aide;
- Review and assessment of the appropriateness and costs of current training programs;
- Surveys of stakeholder groups including an investigation of core competencies;
- Validation in the form of Employer, Employee, and Training Provider focus groups;
- A gap analysis; and
- Recommendations and final report.

2 Methodology

2.1 Literature Review

In order to gain a better understanding of the overall Home Care/Special Care Aide occupations in Saskatchewan, a comprehensive literature review was conducted. The findings of this literature review were used in three main ways:

- As a basis for survey development;
- As a basis to develop a comprehensive profile of a current Home Care/Special Care Aide; and
- As a basis to develop a list of core competencies, which will be validated in the primary research.

Several methodologies were used to develop this literature review. They include:

- Review of relevant studies;
- Internet searches; and
- Discussions with relevant groups and key stakeholders.

2.2 Human Resource and Training Needs Assessment

Surveys were conducted with various groups that provided valuable input into the issues surrounding Home Care/Special Care Aides. An overview of each group is provided in the following subsections.

2.2.1 Employees

In total, 100 employees were contacted by telephone between November 29 and December 14, 2001.

The employee survey covered a number of areas including:

- Job and Employer Information
- Recruitment
- Retention
- Skills and Training
- Barriers to Training
- Training Programs
- New Skills Areas
- Transferability
- Demographic Overview

These surveys were further subdivided by industry if Home Care Aide and Special Care Aide employees answered survey questions separately.

2.2.2 Employers of Home Care/Special Care Aides

In total, 101 employers were contacted by telephone between November 29 and December 18, 2001. In total, 16 out-of-province employers were surveyed; responses from out-of-province employers are included in the body of the report.

The employer survey covered, but was not limited to, the following areas:

- Demographic Overview
- Employment Issues
- Skills and Training
- Hiring of Graduates by Out-of-Province Employers
- Barriers to Training
- Training Programs
- New Skills Areas
- Transferability
- General Industry

These areas are further subdivided by industry if employers of Home Care Aides and employers of Special Care Aides answered survey questions specific to their employees.

2.2.3 Industry Associations and Unions

A key component of the research was to look at the needs of the industry and determine if these needs are being met through the current training programs. An attempt was made to contact industry associations and all relevant unions (CUPE, SGEU, and SEIU) by telephone between November 29 and December 14, 2001. While there were many informal regional groups, no formal provincial associations were available to speak to the issues relevant to this report. In addition, the unions were unavailable due to contract negotiations during this time period.

2.2.4 Training Providers

In total, nine training providers were interviewed by telephone between November 29 and December 14, 2001. Of this nine, two were Saskatchewan training providers and the remainder was from other Western Canadian provinces. Additional provincial training providers were attempted to be contacted at least three times during that time period. However, none were available for an interview. The training provider survey covered the following areas:

- Fit of the program within the industry;
- How well existing education programs meets the needs of Home Care/Special Care Aides in terms of recognizing prior learning assessments and on-the- job training;
- How readily Home Care/Special Care Aides are able to ladder into other training programs;
- If there are additional needs or niches that could be filled; and
- Future trends and needs.

2.3 Focus Groups

Mercury Information Services completed five focus groups with representatives from relevant areas of the Health Care industry. Following a survey, focus groups were used to validate the information gathered and explore in greater depth key findings or issues that are identified in the survey.

The following areas were covered in the focus group process:

i. Employment status;

ii. Recruitment and retention;

iii. Skills;

iv. Training; and

v. General industry.

There were five groups conducted at the following locations:

- Regina – Public Employers (does not include Regina Health District); Monday, February 4, 2002
- Saskatoon – Private Employers; Wednesday, February 6, 2002
- Saskatoon – Employees; Wednesday, February 6, 2002
- La Ronge – Employees, Employers, Training Providers and a Saskatchewan Health Representative; Thursday, February 7, 2002
- Saskatoon – Regina Health District, Saskatoon Health District, Training Providers and SAHO; Tuesday, February 26, 2002

Participants were recruited for the focus groups from the database of companies who were either participating on the Steering Committee/Referent Group or are members of the health care industry either employing or representing Home Care/Special Care Aides. It was decided by Mercury Information Services and members of the referent group to breakdown the focus groups by 'category' so that every group would have an opportunity to participate. These groups included public sector employers, private sector employers, employees with certificates from 1 of the 3 accredited training providers, a northern group representing employers, employees and training providers and finally a focus group with the 2 largest Health Districts, training providers and SAHO.

2.4 Profile of the Existing Saskatchewan Home Care/Special Care Aide Workforce

A profile of the existing Saskatchewan Home Care/Special Care Aide workforce was developed based on the literature review, survey results, focus group validation, and Steering Committee meetings. This profile was intended to provide an aggregate overview of the industry; therefore, components of this profile may not be reflective for all individual employers and employees. The profile includes a general overview of the Home Care/Special Care Aide employers and industry, Home Care Aides, and Special Care Aides.

2.5 Training Providers in Western Canada

A comparison of Home Care/Special Care Aide type programs in Saskatchewan and the western Canadian provinces was complied. Programs that have been granted SIAST equivalency status are identified. A training grid was developed to outline program details. As indicated in the grid, there is no standardization between training programs as costs, length of program, certificate received, etc. varies between the training providers.

2.6 Gap Analysis

A gap analysis was completed as a part of the final report. The gap analysis is based on the literature review, survey results, focus group validation and Steering Committee meetings. It outlines the fundamental gaps that exist between what is currently in place and what the Saskatchewan Home Care/Special Care Aide industry requires.

2.7 Recommendations and Final Report

The results were compiled into a final report that was submitted to the Steering Committee for their review and input. With the active participation and input of the Steering Committee, recommendations and next steps were developed and included as a part of the final report. To summarize, the final report includes the literature review results, survey results, a copy of each survey instrument, focus group results, a copy of each focus group moderator's guide, a gap analysis, a profile of the Home Care/Special Care Aide, and recommendations/next steps.

3 Literature Review

3.1 Introduction

In order to gain a better understanding of the overall Home Care/Special Care Aide occupations in Saskatchewan, a comprehensive literature review was conducted. The findings of this literature review were used in three main ways:

- As a basis for survey development;
- As a basis to develop a comprehensive profile of a current Home Care/Special Care Aide; and
- As a basis to develop a list of core competencies, which will be validated in the primary research.

Several methodologies were used to develop this literature review. They include:

- Review of relevant studies;
- Internet searches; and
- Discussions with relevant groups and key stakeholders.

3.2 Overview of the Home Care/Special Care Aide Sector

3.2.1 Lack of Available Information

It was determined by Saskatchewan Health and Saskatchewan Learning that additional labour market and training information was needed in the areas of Home Care/Special Care Aides in Saskatchewan. As a result, this study was initiated. Due to a lack of information in the industry, other studies are being conducted. For example, a Human Resources Development Canada (HRDC*) Canadian Home Care Human Resources Study* is currently in progress. This study is being undertaken as more labour market information is needed in order to make decisions on how to effectively meet the increasing demand for home care services.[1]

Although some relevant studies and information exist regarding this sector, limitations occur as information may have been collected in various ways. For example, "all provinces and territories have developed definitions of home care specific to their home care programs. Due to the diversity in range and orientation (e.g., clinical approach and client profile) of services among programs, it is possible that persons, when referring to home care programs in their respective provinces and territories could be talking about different sets of services and clients."[2] As well, there is no common set of tasks performed by home support workers, job titles differ for these workers across jurisdictions, and there are no standard training requirements for these types of workers across provinces. In addition, since some home support workers work for more than one agency, the number of workers may be over reported in studies."[3] To summarize, there is data available; however, there is no standardized method for data collection.[4]

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[1] *Canadian Home Care Human Resources Study* website - http://www.homecarestudy.ca

[2] Health Canada website – http://www.hc-sc.gc.ca - *Provincial and Territorial Home Care Programs: A Synthesis for Canada* - June 1999 Article.

The above briefly outlines some of the issues present when collecting information for this study, as well as other studies that have been completed in the past or for those that are on-going.

3.2.2 Job Titles and Descriptions

At the present time, there are various job titles and descriptions used within the Home Care/ Special Care Aide industry in Saskatchewan. For example, there are Home Care Aides, Home Health Aides, Home Care Attendants, Special Care Aides, Homemakers, and Long-Term Care Aides to name a few. Job descriptions also vary somewhat between employers.

A *Joint Job Evaluation Project in Saskatchewan* is presently being conducted by Saskatchewan Association of Health Organizations (SAHO). "Job evaluation is a province-wide, health care initiative that involves a joint effort between health-sector unions and the employers represented by SAHO."[5] As part of this study, comprehensive job descriptions for a Home Care Aide and a Special Care Aide will be completed. Since these job descriptions are currently in draft form and cannot be released, SAHO has provided three examples of typical job descriptions for these occupations. The job descriptions, which are detailed in **Appendix A**, outline some of the tasks and responsibilities for a Special Care Attendant, Home Health Aide, and Home Health Aide II.

3.2.3 Working Environments

Home Care/Special Care Aides work in a variety of environments. These can include, but are not limited to: home care districts, private home care, long term care facilities, personal care homes, acute care facilities, and community health centres. An overview of these environments is provided below.

Home Care

Presently, there is no universally accepted definition of home care. Instead, home care "is defined by the needs of the individual and their caregivers and has different meanings in different home settings and across provinces."[6] In general, the purpose of home care programs is to enable people who require support to remain at home for as long as possible. The program also prevents unnecessary hospital admissions and facilitates earlier discharge.[7]

Home care services may be delivered by public home care programs, by private agencies or a mix of both. Home care providers include formal caregivers (paid regulated and paid unregulated), informal (such as unpaid family care) and voluntary caregivers.[8]

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[3] Health Canada website - *Human Resource Issues in Home Care in Canada: A Policy Perspective* – July 1999 Article.

[4] *Health Sector Labour Force and Training Needs Assessment Final Report* – December 2000 – Prepared for the Saskatchewan Health Sector Partnership by Thomas Marwick and Associates; Decision Research Inc. and Direct Arrow Communications, and Trimension Training & Consulting Group Inc.

[5] SAHO website – http://www.saho.org

[6] *Canadian Home Care Human Resources Study* website

[7] Government of Saskatchewan website – http://www.health.gov.sk.ca

[8] *Canadian Home Care Human Resources Study* – website.

An integral part of the home care system are the informal care providers such as family, friends and volunteers.[9] "The role of informal caregivers has been accentuated by a growing emphasis on home-based care."[10] Thus, it is important that the health system provides support to these caregivers through services such as respite programs and day programs.

In Saskatchewan, public home care services are provided by District Health Boards. These services, which are provided on the basis of assessed need, are intended to help people who need acute, palliative and supportive care to remain independent at home. The home care services available include: case management and assessment, nursing, therapies (in some areas such as occupational or physical therapies), personal care, home management, meals, respite, minor home maintenance and volunteer services such as visiting, security calls and transportation.[11]

Funding is provided to the District Health Boards by Saskatchewan Health to cover most of the cost of delivering home care services. Case management and assessment, home nursing, and physical and occupational therapy service are provided free of charge to residents with Saskatchewan Health coverage. However, a fee applies to cover part of the cost of the following services: homemaking (including personal care, respite, and home management services), meals, and home maintenance.[12] The amount a client pays for the service is based on income and number of services needed. Overall, client fees amount to less than 8 percent of the total cost of the service.[13]

In Saskatchewan, an increased emphasis has been placed on home care services in recent years and several improvements have been made as a result. In the last decade, the program (number of clients) increased by approximately 50 percent to meet the demand. As well, "from 1991/92 to 2000/01, provincial funding for home care programming increased from approximately $32.6 million to about $80.4 million. This is an increase of about 146 percent."[14] The 2001/02 budget shows that provincial funding for home care programming is $86.5 million, which is an increase of approximately 165% from 1991/92.[15]

In addition to the public home care services, private home care services are available in Saskatchewan. These home care services are not provided or funded by the District Health Boards.[16]

Long-Term Care

"In Saskatchewan, the long-term care system includes both long-term accommodation and respite services that provide relief for family care providers."[17] Special care homes, an example of a long-term accommodation, "provide long-term care to individuals with needs that cannot be met through community-or home-based approaches. These homes allow people to achieve and maintain as high a level of independence and life satisfaction as possible."[18]

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[9] *Canadian Home Care Human Resources Study* – website.

[10] *Caring for Medicare – Sustaining a Quality System* – Commissioner Kenneth J. Fyke, April 2001.

[11] Government of Saskatchewan website.

[12] Government of Saskatchewan website.

[13] *2000-2001 Saskatchewan Health Annual Report.*

[14] *2000-2001 Saskatchewan Health Annual Report.*

[15] Saskatchewan Health.

[16] Government of Saskatchewan website.

[17] *2000-2001 Saskatchewan Health Annual Report.*

[18] Government of Saskatchewan website.

Special care homes are licensed under *The Housing and Special Care Homes Act.*[19] District Health Boards may operate a special care home either directly or through an affiliation or a contract.

A major portion of the costs for long-term care in special care homes, as well as health centers and hospitals, is funded by Saskatchewan Health through District Health Boards.[20] Every person is assessed and prioritized for placement based on their assessed need. Residents are charged based on annual income plus earned interest, and are responsible for paying for their medication and some personal supplies. Approximately 25% of the cost of an individual's care and accommodation is represented by the resident's charge.[21]

Statistics regarding long-term care in Saskatchewan include:[22]

- Services were delivered by 158 licensed special-care homes and approximately 35 other long-term care units, in hospitals, to a total of 8,878 residents as of March 31, 2001. All these beds are publicly subsidized.
- Saskatchewan currently has 118 special care home beds per 1,000 residents aged 75 and over. This is the second highest of all provinces and above the national average of 101 beds per 1,000 aged 75 plus.
- The average annual cost of one nursing home bed is $45,639. The average annual subsidy is $34,307.
- Adult Day programs provided support to family care providers with 1,202 adult day program participants reported as of March 31, 2001.
- The institutional respite care program served 3,301 discrete residents to March 31, 2001.

A new type of assessment and information system, called the Minimum Data Set (MDS), assesses residents in long-term care facilities. Through its use, client care can be improved as it supports better care planning, quality indicators and outcome measurements which can result in program or service changes. In the province, over half of all the special care homes use MDS and the rest will implement it within a year or two. The system allows comparisons to occur with other facilities, health districts, provinces, or even other countries.[23] Saskatchewan was the first province to adopt a province-wide computerized assessment system for long-term care.[24]

Personal Care Homes

Personal care homes are privately owned and operated facilities and can accommodate up to 40 people. These facilities offer meals and accommodation, supervision or assistance with personal care to people who usually do not need or do not want the level of health services that are provided in publicly subsidized special-care homes. "Residents of personal care homes do not have to demonstrate their need to be admitted. They are there because they choose to be, or because they feel they want the level of service provided, but they pay the full cost of their care."[25] The personal care homes are not funded by District Health Boards.

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[19] *2000-2001 Saskatchewan Health Annual Report.*

[20] Government of Saskatchewan website and *2000-2001 Saskatchewan Health Annual Report.*

[21] *2000-2001 Saskatchewan Health Annual Report.*

[22] *2000-2001 Saskatchewan Health Annual Report.*

[23] *2000-2001 Saskatchewan Health Annual Report.*

[24] Momentum Healthware website – http://www.momentumhealthware.com - February 22, 1999 Article.

If a facility is licensed under other forms of legislation, it does not need to be licensed under *The Personal Care Homes Act.*[26]

"As of March 31, 2001, there were 261 licensed personal care homes in 27 of the 32 health districts in Saskatchewan, with the ability to care for 2,341 residents."[27]

Acute Care

Acute care includes care provided in a hospital setting. From discussions with industry and review of documentation, there is a growing need for Special Care Aides to work in this type of environment.[28]

Community Health Centres

Community health centres offer services such as home care, mental health counselling, therapies, public health services, and basic medical services mostly in rural areas. Integrated facilities provide services such as short and long-term care, outreach programs, prevention and education programs, respite and day care services.[29]

3.2.4 General Trends Affecting Home Care/Special Care Aide Occupations

As reported in the *2000-2001 Saskatchewan Health Annual Report*, people are demanding a greater number of health services and options. This has had a variety of effects on the health industry including an increase in the use of health services, a demand for shorter waiting lists, an increasing demand for advanced technology and surgeries, as well as an increasing demand for support services such as home care.

Presently, seniors account for a large proportion of Saskatchewan's population. This proportion will only increase as "baby boomers" enter their senior years, as approximately 17.3% of Saskatchewan's population will be 65 years of age or older in 2020. As seniors comprise the largest portion of clientele within special care, personal care homes, and home care,[30] the demand for these types of services will increase in the future.

In addition to the aging population, the following trends are expected to affect home care in Canada:[31]

- Increased demand for services;
- Increased substitution of in-home and community-based care for nursing home and hospital care;

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[25] *2000-2001 Saskatchewan Health Annual Report.*

[26] *2000-2001 Saskatchewan Health Annual Report.*

[27] *2000-2001 Saskatchewan Health Annual Report.*

[28] SIAST *Report of the Curriculum Validation of the Home Care/Special Care Aide Program* – June 2000.

[29] Government of Saskatchewan website.

[30] *2000-2001 Saskatchewan Health Annual Report.*

[31] Health Canada website - *Human Resource Issues in Home Care in Canada: A Policy Perspective* – July 1999 Article and *Canadian Home Care Human Resources Study* website.

- Increasing public expenditures for home care;
- The decreased supply of informal caregivers;
- Emphasis on consumer-directed care and development of self-managed care programs;
- Demands of clients and patients for care in their own homes;
- The private versus public mix of home care services; and
- The increased devolution of health care administration and service delivery to regional authorities.

Several other industrial and societal trends are impacting and changing the role of the Home Care/Special Care Aide.[32] These include:

- The escalation in the level and complexity of care in both long term and home care;
- The rise in the number of clients with impaired cognition;
- The expectation for excellence in care in times of decreased resources;
- The amalgamation of health care services;
- The perception of inadequate staffing levels for the care required;
- The shortage of Registered Nurses and Licensed Practical Nurses in the health care system; and
- The perceived shortage of Home Care/Special Care trained workers.

Because of these trends, the Home Care/Special Care Aide role is impacted in the following ways:[33]

- The scope of practice is expanding and they are expected to play a more equal role on the health team;
- The pace of work is increasing dramatically;
- Workplace stress is increasing; and
- The work environment has expanded to include acute and integrated care settings.

3.2.5 Trends in Recruitment, Retention, Skill Mix and Job Satisfaction

Health occupations are experiencing difficulties in attracting and retaining key health providers, especially in the rural and remote areas of the province.[34] Part of the competition for health care occupations comes from other sectors of the economy. Traditionally many of the health provider occupations have been female dominated. However, with more choices in career opportunities now available to women, a national campaign needs to be done to encourage people to enter the health care field.[35]

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[32] Direct from SIAST *Report of the Curriculum Validation of the Home Care/Special Care Aide Program* – June 2000.

[33] Direct from SIAST *Report of the Curriculum Validation of the Home Care/Special Care Aide Program* – June 2000.

[34] *2000-2001 Saskatchewan Health Annual Report.*

[35] *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System* - Allen Backman – September 2000.

A *Job Satisfaction, Retention, Recruitment, and Skill Mix for a Sustainable Health Care System* 2000 study was conducted with many health occupations, including Home Care and Special Care Aides. Participant groups included Front-Line Health Providers and Supervisors; Regulators, Unions and Professional Associations; and Senior Management Teams. There were a few specific comments reported pertaining to Home Care and Special Care Aides; however, most responses were aggregate throughout the study.

The following is a summary of key challenges identified by General Front-Line Health Providers and Supervisors:[36]

- Problems created by current workloads and expectations placed on all professional staff to do work that was not "theirs";
- Issues about the physical work environment such as access to equipment;
- People issues in the work environment including staff composition and organization, and opportunities for peer interaction;
- Inability to access permanent work to ensure a secure stable job in health in this province; and
- The lack of support in our health districts for professional development.

Some additional study findings included:

- Workload issues are the most significant challenge to retaining employees and ensuring job satisfaction. For example, one participant "compared work in home care to that of a 'machine or a robot' and another admitted he was always 'hopelessly behind'.
- Workloads are overwhelming as there has been an increased acuity of clients in all settings, and there is not enough staff to effectively deal with this increase. This is especially a concern in rural districts as many of the casual staff work in several different facilities.
- Dissatisfaction was derived from the employees' inability to provide consistency in quality care.
- The casualization and lack of permanent positions has decreased job satisfaction.
- Another area of concern raised by the groups was the need to be a generalist in a rural setting. This applies to aides as well.
- In rural areas, travel is a necessity. Some people commented that they were only able to see a limited number of clients per day because of the travel. Others talked about the challenging work and independence that resulted from them being the lone provider of a service in their district.
- With regards to home care specifically, it is difficult to attract and retain an adequate supply of home care workers. "A constant issue in home care has been combatting the image of home care work as being less 'professional' than work in other health sectors such as

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[36] Direct from *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System.*

hospitals, community health centres and physician's offices."[37] In addition, "employment issues are characterized by such features as a large unregulated workforce, isolated work settings, and shared responsibilities for care with family members."[38] Particularly in the rural areas, professional isolation from peers is an issue in general for health care providers.[39]

Detail regarding more of the key current and future challenges identified by Front-Line Health Providers and Supervisors is outlined in **Appendix B**.

Key challenges identified by Regulators, Unions, and Professional Associations include:

- Most groups stated that their members were not utilized to the full extent of their competencies' scope and that full use of their skills could result in better patient outcomes and savings to the health care system.
- Many expressed reservations regarding utilizing providers whom they do not represent.
- Most of the unions listed workload and remuneration as their top two concerns regarding job satisfaction, recruitment and retention.
- Overall, management skills within the system were regarded as being poor. One union noted that constant systemic and organizational change has led to both poor satisfaction and declining quality of care in the system.
- This group felt that front-line management has been pared down too much and providers either do not have the necessary support and resources or they have too large a case load to be effective.

Some of the key challenges identified by Senior Managers include:

- One of the biggest barriers to recruitment and retention was competition. This included competition between provinces, the public and private sector, and the urban-rural split.
- One manager stated that the physical geography of rural areas is a barrier to recruitment "especially since small facilities and sparse populations lead to the need for casual workers, the lack of fulltime opportunities and the inability to guarantee enough hours". One of the most common barriers cited by managers regarding rural areas was the difficulty in being able to provide jobs for spouses.
- Managers expressed that they feel dependent on casual employees even though they would prefer to create more full-time positions.
- It was not known how severe the shortages of health providers are; however, "the shortages of providers or problems with distribution to rural areas will be an ongoing problem with unpredictable seriousness."[40] It was assumed that if rural areas are experiencing difficulty in attracting and retaining health care providers, the northern and remote areas likely have equal or even greater challenges in that area.

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[37] Health Canada website - *Human Resource Issues in Home Care in Canada: A Policy Perspective* – July 1999 Article.

[38] Health Canada website - *Human Resource Issues in Home Care in Canada: A Policy Perspective* – July 1999 Article.

[39] *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System.*

[40] *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System.*

- Some rural managers noted that those willing to relocate to rural areas tend to be less experienced and younger. Thus, it can be a concern that the recruit is in a job where there is minimal peer support or interaction.
- Workload varies throughout the health care system. Many felt that although workloads are not excessive, they are higher than in the past.
- It was recognized that there is poor employee morale throughout the system. Health care workers were seen to have an "underdog mentality."
- The structure of the health care system can interfere with recruitment, retention and skill mix issues. For example, several managers stated that it is difficult to transfer some home care functions from nurses to aides as there can be a charge associated with a task that an aide does, versus no charge if the task is done by a registered nurse.
- As the need to work weekends and shifts was recognized by managers as a retention issue, one recommendation was that two new categories of workers be established for Special Care Aides: Weekend Worker and Night Worker. Monetary incentives to work weekends and/or nights exclusively should be negotiated.

3.2.6 Trends in Training

Participants in the Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System 2000 study reported the following with regards to training:

- The biggest issue regarding workplace management was the decrease in orientation, training and professional development that has occurred since district formation and health reform.
- Frustration with Special Care and Home Health Aide programs and their inability to find resources for continuing education was expressed by some managers. Thus, it was felt that Saskatchewan Health should allocate funding for the continuing education needs of providers such as aides.
- Concern was expressed by managers regarding varying availability and cost associated with Aide training programs. As well, there were questions as to the quality of the programs. A recommendation of the study was that Special Care and Home Care Aide courses "should be offered jointly by SIAST, aboriginal educational institutions, or other educational institutions with health districts or SAHO as full partners." As well, tuition rates need to be affordable and uniform regardless of where the course is offered.
- Unions expressed concerns regarding the content and job mobility of the SIAST Aide programs. For example, it was stated that Special Care Aides and Home Care Aides are not interchangeable.

A *Health Sector Labour Force and Training Needs Assessment*[41] study revealed that "a closer collaboration between employers and education and training institutions is needed so they can address issues such as adequate training spaces, ensuring consistency regarding educational qualifications and delivery locations".

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[41] *Health Sector Labour Force and Training Needs Assessment Final Report* – December 2000.

In the same study, it was recommended that culturally relevant math and science content for K-12 subjects and culturally relevant content in post-secondary education programs, such as Home Care/Special Care Aide programs, be developed. This will enable more rural and northern students to obtain the prerequisite education required to enter health related training programs.

In addition, the need for accessible training was identified by most of the health districts in the study. Thus, training that could be taken within a home community or close by is needed. This especially was applicable for northern and rural health districts.

3.2.7 Northern Health Trends/Issues

In order to assist with survey development, preliminary discussions were held with some members of the Keewatin Yatthe Health District, Mamawetan Churchill River Health District, and the Athabasca Health Authority and/or home care/long-term care facilities in those districts.

Only general questions were asked at this point in an unstructured format. More details will be obtained from a representative sample through the various types of surveys that will be conducted for this study.

The following is a summary of some of the main comments:

- There is a definite need for Home Care/Special Care Aides.
- It is very difficult to recruit people to come to the north for this type of work. Usually aides who have located there did so because their spouse had been relocated.
- It is especially difficult to recruit casual employees.
- Local people who are interested need to be trained.
- Travel costs/time and course costs are barriers to training.
- Language barriers exist in some areas.
- Program prerequisites may be a barrier to entering the training course.

3.2.8 Rural Health Trends/Issues

Preliminary discussions were also conducted with a long-term care facility and with home care in two rural districts. Some of the comments were as follows:

- It is difficult to recruit people to the area. Most of the workers are from the community.
- There is a definite shortage of casual employees e.g., single mothers often take this course and it is difficult for them to work casual so often they do something else.
- There is a lack of security in the amount of work with home care – some employees go to long-term care facilities as there is more of a guarantee of hours.
- Some find working alone in home care to be difficult.
- Casual is not thought to be the best solution.

- Travel for training and travel in home care are issues.
- Even though the job calls for it, people do not like working weekends and shifts.
- There is a decreased supply of informal caregivers.

3.2.9 Urban Health Trends/Issues

A preliminary discussion was held with an urban health district. The main comments were as follows:

- It is harder to recruit for home care.
- People want permanent versus casual work but they are willing to accept casual work.
- Special Care Aide positions are opening up in acute care which has not been seen before about 2 years ago.
- There are not as many difficulties in recruiting now that SBC offers the course.

3.3 Profile of Current Saskatchewan Home Care/Special Care Aides

Information regarding the current Saskatchewan Home Care/Special Care Aide was obtained from the *2000 Saskatchewan Health Employer Survey Report* conducted by Saskatchewan Health. The information from this annual survey, which is referenced in the tables throughout this section of the report, provides a comprehensive view of the Saskatchewan health services labour market as of December 31, 2000.

The survey methodology involved a "census of all health service agencies in Saskatchewan that employ staff in any one or more of 56 health-related employee classifications". As stated in the report, the information is reliable only to the extent of the survey response. Therefore, the results do not represent a total of all health service employees in Saskatchewan. Due to the variance in response rates from year to year, it is recommended that annual comparisons are made on a percentage basis only.

3.3.1 Definitions

The following definitions were used in the *2000 Saskatchewan Health Employer Survey Report* and apply to the tables throughout this section:

Home Care Aides:
Graduates of a Home Care/Special Care Aide program or trained "on-the-job" who care for and assist people to remain independent in their own homes.

Special Care/Health Care Aides:
Graduates of a Home Care/Special Care Aide program or trained "on-the-job" who provide personal care to patients and attend to individual psychosocial needs.

Definitions regarding full-time equivalents (FTEs), part-time, casual, vacancies, turnovers, and total hours, as well as calculations, are found in **Appendix C**.

3.3.2 General Employment Status for Home Care Aides/Special Care/Health Care Aides

Table 1 provides an overview of the employment status of Saskatchewan Home Care Aides and Special Care/Health Care Aides reported in 2000.

TABLE 1:
2000 Saskatchewan Health Employer Survey
Totals for Home Care/Special Care/Health Care Aides Reported in Saskatchewan

	Home Care Aides *(Number and % of Total Combined Home Care/Special Care/Health Care Aides)*	**Special Care/Health Care Aides** *(Number and % of Total Combined Home Care/Special Care/Health Care Aides)*	**Total For Home Care / Special Care/Health Care Aides Combined**
Total Hours Per Occupation	2,086,948 (25%)	6,126,149 (75%)	8,213,097
Full-Time Equivalents	1,071.3 (25%)	3,144.8 (75%)	4,216.1
Full-Time Positions	316 (15%)	1,773 (85%)	2,089
Part-Time Positions	1,062 (43%)	1,420 (57%)	2,482
Full & Part-Time Totals	1,378 (30%)	3,193 (70%)	4,571
Casual Positions	548 (29%)	1,362 (71%)	1,910
Total Full, Part-Time and Casual Positions	1,926 (30%)	4,555 (70%)	6,481
Total Vacancies	23 (41%)	33 (59%)	56
Vacancy Rate (%)	1.6	1.0	1.2
Total Turnovers	101 (38%)	163 (62%)	264
Turnover Rate (%)	7.2	5.1	5.7

Note: Vacancy rates are calculated from the total number of permanent positions. Each full- or part-time vacancy is counted as one vacancy. FTEs calculated by total hours includes casual hours. Where the total hours were not reported, the total hours have been adjusted to reflect the number of reported positions. Definitions and calculations are found in Appendix C.

Some of the survey findings pertaining to general employment status for Home Care and Special Care/Health Care Aides are highlighted below:

- The Home Care Aides and Special Care/Health Care Aides occupational groupings combined accounted for approximately 22.6% of total health service employees reported in 2000. This is a decrease from about 23.7% reported in 1999.
- There were a total of 6,481 full-time, part-time and casual Home Care Aides and Special Care/Health Care Aide positions reported in 2000. For the same group, there was a total of 4,216.1 FTEs reported.
- Special Care/Health Care Aides were represented by 4,555 employees and 3144.8 FTE's in 2000. This occupational category is second only to General Nurses in terms of being the largest health service provider group surveyed.
- With regards to FTEs, Special Care/Health Care Aides accounted for approximately 75% of the total Home Care Aide and Special Care/Health Care Aide FTE's combined.
- Of all the health occupations surveyed, Home Care Aides was one of the occupations that experienced the greatest increase in reported FTE's from 1999 to 2000. This could indicate there is an increase in demand for the occupation as an increase in FTEs indicates an increase in the number of hours worked.

A further breakdown by employment status is provided in **Table 2**.

TABLE 2:
2000 Saskatchewan Health Employer Survey
Breakdown of Reported Employment Status for Home Care/Special Care/Health Care Aides

	Home Care Aides	Special Care/Health Care Aides	Total for Home Care/Special Care/Health Care Aides
Full-time Positions	321 (16.6%)	1,773 (38.9%)	2,094 (32.3%)
Part-time Positions	1,062 (55.0%)	1,420 (31.2%)	2,482 (38.3%)
Casual Positions	548 (28.4%)	1,362 (29.9%)	1,910 (29.4%)
Total Positions	1,931 (100%)	4,555 (100%)	6,486 (100%)

Note: The total casuals are full counts of the number of employees reported.

Highlights of findings regarding the breakdown in employment status are as follows:

- The greatest percentage of employees reported for Home Care Aides and Special Care/Health Care Aides combined were in part-time positions (38.3%).
- The majority of Home Care Aide positions reported were part-time (55.0%).
- Of those reported in 2000, the percentage of casual employees for Home Care and Special Care/Health Care Aides (29.4%) is higher than the percentage of casual employees for all occupations combined (25.3%).

- It was stated that employers who have occupations that require certification or on-the-job experience, as well as split work shifts, tend to have a larger pool of casual staffing e.g., personal care homes.
- Regarding casual employees, the report also states that "the extent to which casual positions are used depends on several factors including the total number of employees, the type of occupation and its reliance upon shift work. Generally, a larger number of staff will create a greater number of absences from work for sickness, vacations, etc. per occupation. This increases reliance on casual workers to replace permanent staff temporarily and on short notice".
- Some of the rural employers reported that casual employees may also have other casual or part-time positions in other health districts (usually these positions are in nearby urban centers). As a result, the actual total number of employees may be lower than the number reported, as some employees may have been counted more than once.

3.3.3 Urban/Rural/Northern Employment Status for Home Care Aides and Special Care/Health Care Aides

Table 3 outlines employment status by Health District Area for Home Care Aides. Urban Health District Areas are comprised of the Regina and Saskatoon Health Districts. Rural Health District Areas are considered to be all rural regions. Northern Saskatchewan consists of the Mamawetan Churchill River and Keewatin Yatthe Health Districts.

- As indicated in **Table 3**, the majority of FTEs reported for Home Care Aides (58%) were employed in rural districts.
- As well, the percentage of casual positions for Home Care Aides was much higher in rural areas (64%) than urban areas (29%).

TABLE 3:
2000 Saskatchewan Health Employer Survey
Total Home Care Aide Employment Status Reported in Saskatchewan
By Health District Area

	Total Hrs	Full-Time Equivalents	Full-Time Positions	Part-Time Positions	Full and Part Time	Casual Positions
Urban Districts						
Regina	316,533	162.5	87	131	218	60
Saskatoon	519,364	266.6	84	197	281	99
Total Urban	**835,897 (40%)**	**429.1 (40%)**	**171 (54%)**	**328 (31%)**	**499 (36%)**	**159 (29%)**
Rural Districts						
Assiniboine Valley	32,500	16.7	0	28	28	8
Battlefords	35,078	18.0	11	7	18	17
Central Plains	73,042	37.5	7	35	42	23
East Central	105,134	54.0	17	39	56	28
Gabriel Springs	18,200	9.3	0	16	16	1
Greenhead	36,681	18.8	2	39	41	6
Living Sky	55,599	28.5	1	66	67	0
Lloydminster	17,007	8.7	1	10	11	3
Midwest	49,169	25.2	0	50	50	3
Moose Jaw/ Thunder Creek	103,413	53.1	16	90	106	1
Moose Mountain	37,183	19.1	0	0	0	51
North Central	44,072	22.6	3	23	26	5
North Valley*	n/a	n/a	n/a	n/a	n/a	n/a
North-East	21,590	11.1	0	3	3	31
Northwest	19,349	9.9	1	7	8	14
Parkland	40,249	20.7	8	24	32	17
Pasquia	47,917	24.6	0	31	31	15
Pipestone	68,728	35.3	21	18	39	12
Prairie West	44,431	22.8	10	20	30	17
Prince Albert	92,496	47.5	24	27	51	23
Rolling Hills	4,160	2.1	0	3	3	0
South Central	53,060	27.2	6	33	39	25
South Country	33,221	17.1	5	21	26	10
South East	56,490	29.0	5	30	35	11
Southwest	38,080	19.5	0	46	46	0
Swift Current	15,700	8.1	0	23	23	7
Touchwood Qu'Appelle	29,997	15.4	1	10	11	11
Twin Rivers	38,023	19.5	2	21	23	14
Total Rural	**1,210,569 (58%)**	**621.3 (58%)**	**141 (45%)**	**720 (68%)**	**861 (63%)**	**353 (64%)**
Northern Districts						
Keewatin Yatthe	19,200	9.9	0	11	11	3
Mamawetan Churchill River	21,282	10.9	4	3	7	33
Total Northern	**40,482 (2%)**	**20.8 (2%)**	**4 (1%)**	**14 (1%)**	**18 (1%)**	**36 (7%)**
GRAND TOTAL	**2,086,948**	**1,071.3**	**316**	**1,062**	**1,378**	**548**

Note: The North Valley Health District did not respond to the 2000 Saskatchewan Health Employer Survey; however, other health employers within the health district area (e.g., dentists, personal care homes) did respond. Similarly, the response from the Swift Current Health District was incomplete for 2000.

Table 4 outlines statistics by health district regarding employment status for Special Care/Health Care Aides.

TABLE 4:
2000 Saskatchewan Health Employer Survey
Total Special Care/Health Care Aide Employment Status Reported in Saskatchewan By Health District Area

	Total Hrs	Full-Time Equivalents	Full-Time Positions	Part-Time Positions	Full and Part Time	Casual Positions
Urban Districts						
Regina	783,731	402.3	291	134	425	92
Saskatoon	959,479	492.5	255	276	531	368
Total Urban	**1,743,210 (28%)**	**894.8 (28%)**	**546 (31%)**	**410 (29%)**	**956 (30%)**	**460 (34%)**
Rural Districts						
Assiniboine Valley	127,308	65.4	46	30	76	13
Battlefords	580,180	297.8	91	21	112	64
Central Plains	244,390	125.5	71	59	130	63
East Central	157,536	80.9	68	16	84	28
Gabriel Springs	101,938	52.3	28	38	66	14
Greenhead	122,856	63.1	39	29	68	39
Living Sky	131,546	67.5	30	37	67	37
Lloydminster	41,326	21.2	10	14	24	11
Midwest	104,598	53.7	27	30	57	26
Moose Jaw/ Thunder Creek	349,326	179.3	97	98	195	64
Moose Mountain	175,106	89.9	46	54	100	27
North Central	198,520	101.9	62	33	95	56
North Valley*	n/a	n/a	n/a	n/a	n/a	n/a
North-East	172,108	88.4	45	54	99	36
Northwest	50,175	25.8	25	8	33	8
Parkland	139,902	71.8	52	57	109	57
Pasquia	173,340	89.0	31	77	108	47
Pipestone	309,931	159.1	125	38	163	23
Prairie West	36,000	18.5	9	15	24	9
Prince Albert	209,912	107.8	78	21	99	73
Rolling Hills	62,081	31.9	6	39	45	4
South Central	165,428	84.9	58	29	87	18
South Country	118,781	61.0	44	28	72	43
South East	266,183	136.6	55	80	135	53
Southwest	62,975	32.3	19	13	32	19
Swift Current	71,576	36.7	12	24	36	20
Touchwood Qu'Appelle	110,334	56.6	35	27	62	22
Twin Rivers	99,583	51.1	18	41	59	28
Total Rural	**4,382,939 (72%)**	**2,250 (72%)**	**1,227 (69%)**	**1,010 (71%)**	**2,237 (70%)**	**902 (66%)**
Northern Districts						
Keewatin Yatthe	n/a	n/a	n/a	n/a	n/a	n/a
Mamawetan Churchill River	n/a	n/a	n/a	n/a	n/a	n/a
Total Northern	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
GRAND TOTAL	**6,126,149**	**3,144.8**	**1,773**	**1,420**	**3,193**	**1,362**

Note: The North Valley Health District did not respond to the 2000 Saskatchewan Health Employer Survey; however, other health employers within the health district area (e.g., dentists, personal care homes) did respond. Similarly, the response from the Swift Current Health District was incomplete for 2000.

As shown in **Table 4**, an even higher percentage of Special Care/Health Care Aide FTEs reported were employed in rural districts (72%) than Home Care Aides (58%).

Table 5 summarizes the full-time, part-time and casual positions within urban, rural, and northern areas for Home Care Aides.

TABLE 5:
2000 Saskatchewan Health Employer Survey
Employment Status Within Urban, Rural, and Northern Districts for Home Care Aides

	Full-Time Positions	Part-Time Positions	Casual Positions	Total Full-Time, Part-Time, and Casual
Urban Districts (% of Urban Total)	171 (26%)	328 (50%)	159 (24%)	658 (100%)
Rural Districts (% of Rural Total)	141 (12%)	720 (59%)	353 (29%)	1,214 (100%)
Northern Districts (% of Northern Total)	4 (7%)	14 (26%)	36 (67%)	54 (100%)
GRAND TOTAL	**316**	**1,062**	**548**	**1,926**

As indicated above, part-time positions account for the greatest percentage in urban (50%) and rural (59%) districts for Home Care Aides. However, the majority of Home Care Aide positions reported in the north are casual positions (67%).

Table 6 summarizes the full-time, part-time and casual positions within urban, rural, and northern areas for Special Care/Health Care Aides.

TABLE 6:
2000 Saskatchewan Health Employer Survey
Employment Status Within Urban, Rural, and Northern Districts for Special Care/Health Care Aides

	Full-Time Positions	Part-Time Positions	Casual Positions	Total Full-Time, Part-Time, and Casual
Urban Districts (% of Urban Total)	546 (39%)	410 (29%)	460 (32%)	1,416 (100%)
Rural Districts (% of Rural Total)	1,227 (39%)	1,010 (32%)	902 (29%)	3,139 (100%)
Northern Districts (% of Northern Total)	n/a	n/a	n/a	n/a
GRAND TOTAL	**1,773**	**1,420**	**1,362**	**4,555**

Statistics were only reported for the urban and rural areas. The breakdown within these two areas was relatively similar with full-time positions having the largest percentage of reported Special Care/Health Care Aides in 2000.

As indicated in **Table 7**, the FTE's per 1,000 population reported for Home Care Aides in 2000 was 1.1 and for Special Care/Health Care Aides it was 3.1.

TABLE 7
2000 Saskatchewan Health Employer Survey
Number of FTE Positions /1000 Population by Health District

	District Population	Home Care Aides		Special Care/ Health Care Aides	
		FTEs	FTEs/1000	FTEs	FTEs/1000
Urban Districts					
Regina	211,732	162.5	0.8	402.3	1.9
Saskatoon	237,274	266.6	1.1	492.6	2.1
Total Urban	**449,006**	**429.1**	**0.96**	**894.9**	**2.0**
Rural Districts					
Assiniboine Valley	16,069	16.7	1.0	65.4	4.1
Battlefords	27,852	18.0	0.6	297.8	10.7
Central Plains	20,789	37.5	1.8	125.5	6.0
East Central	29,921	54.0	1.8	80.9	2.7
Gabriel Springs	11,952	9.3	0.8	52.3	4.4
Greenhead	14,918	18.8	1.3	63.1	4.2
Living Sky	13,723	28.5	2.1	67.5	4.9
Lloydminster	10,795	8.7	0.8	21.2	2.0
Midwest	17,698	25.2	1.4	53.7	3.0
Moose Jaw/Thunder Creek	45,212	53.1	1.2	179.3	4.0
Moose Mountain	12,778	19.1	1.5	89.9	7.0
North Central	12,110	22.6	1.9	101.9	8.4
North Valley*	14,394		0.0		0.0
North-East	15,888	11.1	0.7	88.4	5.6
Northwest	15,023	9.9	0.7	25.8	1.7
Parkland	20,430	20.7	1.0	71.8	3.5
Pasquia	16,839	24.6	1.5	89.0	5.3
Pipestone	19,318	35.3	1.8	159.1	8.2
Prairie West	14,466	22.8	1.6	18.5	1.3
Prince Albert	56,225	47.5	0.8	107.8	1.9
Rolling Hills	10,950	2.1	0.2	31.9	2.9
South Central	19,593	27.2	1.4	84.9	4.3
South Country	11,513	17.1	1.5	61.0	5.3
South East	24,200	29.0	1.2	136.6	5.6
Southwest	14,820	19.6	1.3	32.3	2.2
Swift Current*	20,258	8.1	0.4	36.7	1.8
Touchwood Qu'Appelle	14,767	15.4	1.0	56.6	3.8
Twin Rivers	16,671	19.5	1.2	51.1	3.1
Total Rural	**539,172**	**621.4**	**1.2**	**2,250**	**4.2**
Northern Districts					
Keewatin Yatthe	10,931	9.9	0.9	n/a	0
Mamawetan Churchill River	20,375	10.9	0.5	n/a	0
Total Northern	**31,306**	**20.8**	**0.7**	**n/a**	**0**
GRAND TOTAL	**1,019,484**	**1,071.3**	**1.1**	**3,144.9**	**3.1**

Note: The North Valley Health District did not respond to the 2000 Saskatchewan Health Employer Survey; however, other health employers within the health district area (e.g., personal care homes) did respond. Similarly, the response from the Swift Current Health District was incomplete for 2000.

As indicated above, the largest number of FTE positions/1000 is found in the rural areas for both Home Care Aides and Special Care/Health Care Aides.

3.3.4 General Vacancy and Turnover Rates for Home Care Aides and Special Care/Health Care Aides

In addition to the vacancy information provided in Table 1, **Table 8** indicates trends in vacancy rates for health service occupations in Saskatchewan. The vacancy rate for both Home Care and Special Care/Health Care Aides increased from that reported in 1999.

TABLE 8:
2000 Saskatchewan Health Employer Survey
Trends in Vacancy Rates (%) for Health Service Occupations in Saskatchewan

	Year							
	1993	1994	1995	1996	1997	1998	1999	2000
Home Care Aides	0.2	0.1	1.3	0.4	0.4	1.1	1.5	1.6
Special Care/Health Care Aides	0.4	0.9	1.7	0.9	0.2	0.6	0.3	1.0

Note: The data in this table are not comparable in all cases. Over the years, various categories of employees have been reclassified into certain occupations or various categories of employers have been added. The figures, however, remain a fairly good indicator of vacancy rates. Large variations in rates from year to year within any occupation probably result from the relatively small total sample which also depends upon the response rates from year to year.

Table 9 below shows the full-time equivalent, vacancy rate, and turnover rate changes by occupation for 1999 to 2000.

TABLE 9:
2000 Saskatchewan Health Employer Survey
FTE's, Vacancy Rate and Turnover Rate Changes by Occupation Comparing 2000 to 1999

	Home Care Aides	Special Care/Health Care Aides
Full-Time Equivalents:		
2000 FTEs	1071.3	3144.8
1999 FTEs	1014.9	3135.6
1999 – 2000 Change	56.4	9.2
Vacancy Rates:		
2000 Rate (%)	1.6	1.0
1999 Rate (%)	1.5	0.3
1999 – 2000 Rate Change	0.1	0.7
Turnover Rates:		
2000 Rate (%)	7.2	5.1
1999 Rate (%)	12.8	5.8
1999 – 2000 Rate Change	-5.6	-0.7

Note: Large variations from 1999 to 2000 within any category are mostly due to the relatively small total sample numbers which also depends upon the response rates from year to year.

Highlights regarding vacancy rate and turnover trends are outlined below:

- When analyzed provincially, Home Care Aides and Special Care/Health Care Aides did not have one of the highest vacancy rates of all health related occupations reported in 2000. In fact, the mean vacancy rate for all health related occupations was 3.5% which was much higher than both these occupational groupings (1.6% and 1.0% respectively).

- However, most health district employers in the survey reported that their recruiting efforts are being directed towards General RN's, Physical Therapists, LPN's, Home Care Aides, Primary Care RN's, and Special Care Aides.
- Of those who were recruiting outside their district for Home Care Aides and Special Care Aides, most were recruiting for casual positions followed by part-time positions.
- The average turnover rate for all occupations was 5.3% in 2000. Thus, the turnover rate for Home Care Aides was above the average at 7.2%.

With regards to Health Care Aides in general, employers stated some of the reasons why it was difficult to attract and retain these employees:

- Shortage of qualified candidates;
- Lack of available full-time positions;
- Education programs are expensive and not readily accessible; and
- Private employers cannot compete with the wages offered by larger employers.

3.3.5 Urban/Rural/Northern Vacancy and Turnover Rates for Home Care Aides and Special Care/Health Care Aides

Table 10 indicates that vacancy rates reported were higher in the urban areas for Home Care Aides (3.9%) and Special Care/Health Care Aides (2.3%) than in the rural and northern areas. Turnover rates for the rural and urban areas were the same for Home Care Aides (7.3%) but higher in urban areas for Special Care/Health Care Aides (10.1%).

TABLE 10:
2000 Saskatchewan Health Employer Survey
Total Home Care Aide/Special Care/Health Care Aide Vacancy and Turnover Rate Reported

	Total Vacancies		Vacancy Rate (%)		Total Turnovers		Turnover Rate (%)	
	Home Care Aide	Special Care/Health Care Aide	Home Care Aide	Special Care/Health Care Aide	Home Care Aide	Special Care/Health Care Aide	Home Care Aide	Special Care/Health Care Aide
Urban Districts								
Regina	1	3	0.5	0.7	18	24	8.2	5.6
Saskatoon	19	20	6.3	3.6	20	75	6.7	13.6
Total Urban	**20**	**23**	**3.9**	**2.3**	**38**	**99**	**7.3**	**10.1**
Rural Districts								
Assiniboine Valley	0	0	0	0	0	0	0	0
Battlefords	0	0	0	0	2	1	11.1	0.9
Central Plains	0	0	0	0	7	6	16.7	4.6
East Central	0	2	0	2.3	2	4	3.6	4.7
Gabriel Springs	0	3	0	4.3	0	0	0	0
Greenhead	0	0	0	0	6	1	14.6	1.5
Living Sky	0	0	0	0	1	10	1.5	14.9
Lloydminster	0	0	0	0	0	0	0	0
Midwest	2	2	3.8	3.4	3	4	5.8	6.8
Moose Jaw/ Thunder Cr.	0	0	0	0	17	2	16.0	1.0
Moose Mountain	0	0	0	0	0	0	0	0
North Central	0	0	0	0	0	0	0	0
North Valley*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
North-East	0	0	0	0	0	7	0	7.1
Northwest	1	0	11.1	0	1	0	11.1	0
Parkland	0	0	0	0	9	12	28.1	11.0
Pasquia	0	0	0	0	4	6	12.9	5.6
Pipestone	0	0	0	0	0	0	0	0
Prairie West	0	0	0	0	4	0	13.3	0
Prince Albert	0	2	0	2	0	0	0	0
Rolling Hills	0	0	0	0	0	2	0	4.4
South Central	0	0	0	0	4	3	10.3	3.4
S. Country	0	0	0	0	0	0	0	0
South East	0	0	0	0	0	0	0	0
Southwest	0	0	0	0	0	0	0	0
Swift Current	0	0	0	0	0	0	0	0
Touchwood Qu'Appelle	0	0	0	0	3	6	27.3	9.7
Twin Rivers	0	1	0	1.7	0	0	0	0
Total Rural	**3**	**10**	**0.3**	**0.4**	**63**	**64**	**7.3**	**2.8**
Northern Districts								
Keewatin Yatthe	0	n/a	0	n/a	0	n/a	0	n/a
Mamawetan Churchill R.	0	n/a	0	n/a	0	n/a	0	n/a
Total North	**0**	**n/a**	**0**	**n/a**	**0**	**n/a**	**0**	**n/a**
TOTAL ALL	**23**	**33**	**1.6**	**1.0**	**101**	**163**	**7.2**	**5.1**

Note: The North Valley Health District did not respond to the 2000 Saskatchewan Health Employer Survey; however, other health employers within the health district area (e.g., dentists, personal care homes) did respond. Similarly, the response from the Swift Current Health District was incomplete for 2000.

3.3.6 Gender of Employees

Table 11 indicates the breakdown between male and female health employees for Home Care Aides and Special Care/Health Care Aides.

TABLE 11:
2000 Saskatchewan Health Employer Survey
Total Male and Female Health Employees Reported by Occupation

	Home Care Aides	Special Care/Health Care Aides
Full-Time:		
Female	308 (96%)	1,708 (96.3%)
Male	13 (4%)	65 (3.7%)
Part-Time:		
Female	1,052 (99.1%)	1,396 (98.3%)
Male	10 (0.9%)	24 (1.7%)
Casual:		
Female	543 (99.1%)	1,313 (96.4%)
Male	5 (0.9%)	49 (3.6%)
Totals		
Female	1,903 (98.5%)	4,417 (97.0%)
Male	28 (1.5%)	138 (3.0%)

Highlights of survey findings pertaining to gender of employees include:

- The Home Care Aide and Special Care/Health Care Aide occupations primarily consist of female employees, which is consistent with previous survey results.
- In 2000, the percentage of females in these two occupational groupings was higher than the average total of 89.4% reported for all occupations combined.

3.3.7 Average Age

The average age of health service employees by occupation was derived from estimates or actual ages provided in the surveys. The findings for the relevant occupations are summarized in **Table 12**.

TABLE 12:
2000 Saskatchewan Health Employer Survey
Average Age of Health Employees in Saskatchewan by Occupation

Occupation	2000 Average Age
Home Care Aides	39.8
Special Care/Health Care Aides	41.3
Average Age of All Health Employees Reported	40.6

Note: The average age was calculated based only on the surveys providing the average age of health service employees within each occupation.

Survey highlights regarding average age are summarized below:

- The average age for Home Care Aides reported was 41.4 in 1999 and 39.8 in 2000. The average age of Special Care Aides was 41.7 in 1999 and 41.3 in 2000. These estimates suggest that more young people are entering the profession, that more of the older employees are retiring or leaving the profession, or a combination of both.
- As stated in the survey report findings, health service providers, such as Health Care Aides, who qualify for occupations with either on-the-job training or experience in uncertified occupations, tend to be slightly older than the provincial average age.

3.3.8 Employment by Service Sector

Table 13 below indicates the percentage of FTEs reported by service sector. This data should be interpreted with caution as the Health Care Aide category below includes nurse aides in addition to the Home Care Aide and Special Care/Health Care Aide.

As indicated below, the majority of Health Care Aides are employed in special care homes.

TABLE 13:
2000 Saskatchewan Health Employer Survey
Percentage of FTEs By Service Sector Comparing 2000 to 1999

	Health Care Aides	
	2000 %	1999 %
Service Sector		
Health Districts		
- Community Services	0.1	0.0
- Health Centres	4.3	5.0
- Home Care	17.9	17.7
- Hospitals	8.8	5.8
- Mental Health Centres	1.9	1.8
- Special Care Homes	61.5	65.7
Saskatchewan Health	0.5	0.0
Saskatchewan Education	0.0	0.0
Saskatchewan Social Services	0.0	0.0
Physician Offices	0.6	0.0
Federal Government	0.0	0.0
Tribal Councils	0.1	0.6
Personal Care Homes	1.5	1.2
Rehabilitation	2.0	1.2
Other (Non-Profit or Private Business)	0.8	0.8

3.3.9 Unionization

The 32 health districts belong to one of three unions:

- Canadian Union of Public Employees (CUPE) – 18 health districts
- Service Employees International Union (SEIU) – 11 health districts
- Saskatchewan Government and General Employees Union (SGEU) – 3 health districts

Table 14 provides a distribution of health district membership by union.

**TABLE 14:
Health District Union Membership**

Union	Health District
CUPE (18 Health Districts)	Assiniboine
	Battlefords
	Central Plains
	East Central
	Gabriel Springs
	Lloydminster
	North Valley
	Northwest
	Parkland
	Pasquia
	Prairie West
	Prince Albert
	Regina
	South Central
	South Country
	South East
	Touchwood Qu'Appelle
	Twin Rivers
SEIU (11 Health Districts)	Greenhead
	Living Sky
	Midwest
	Moose Jaw-Thunder Creek
	Moose Mountain
	North-East
	Pipestone
	Rolling Hills
	Saskatoon
	Southwest
	Swift Current
SGEU (3 Health Districts)	Keewatin Yatthe
	Mamawetan Churchill River
	North Central

Source: SAHO

The number of Home Care Aides and Special Care Aides in each union was provided by SAHO. The SGEU, SEIU, and CUPE totals are the actual number of employees, not FTE's, per union.

Regarding the number of full-time, part-time and casual employees, the numbers for SEIU and CUPE are actuals. However, the breakdown for SGEU is based on the full-time, part-time and casual employee distribution percentages for SEIU. Refer to **Table 15**.

TABLE 15:
2001 Union Membership for Home Care Aides and Special Care Aides – Number of Employees and Breakdown

Union	Home Care Aides	Special Care Aides	Totals
SGEU	**Actual Number of Employees: 59** *Estimated Breakdown:* *Full-time – 5* *Part-time – 46* *Casual - 8*	**Actual Number of Employees: 86** *Estimated Breakdown:* *Full-time – 30* *Part-time – 29* *Casual – 27*	**Total Actual Number of Employees: 145** *Estimated Breakdown:* *Full-time – 35* *Part-time – 75* *Casual - 35*
SEIU	**Actual Number of Employees: 862** *Actual Breakdown:* *Full-time – 81* *Part-time – 666* *Casual - 115*	**Actual Number of Employees: 2,132** *Actual Breakdown:* *Full-time – 735* *Part-time – 732* *Casual – 665*	**Total Actual Number of Employees: 2,994** *Actual Breakdown:* *Full-time – 816* *Part-time – 1,398* *Casual - 780*
CUPE	**Actual Number of Employees: 997** *Actual Breakdown:* *Full-time – 144* *Part-time – 486* *Casual – 367*	**Actual Number of Employees: 2,368** *Actual Breakdown:* *Full-time – 950* *Part-time – 741* *Casual - 677*	**Total Actual Number of Employees: 3,365** *Actual Breakdown:* *Full-time –1,094* *Part-time – 1,227* *Casual – 1,044*
TOTAL	**Actual Number of Employees: 1,918** *Estimated Breakdown:* *Full-time – 230* *Part-time – 1,198* *Casual - 490*	**Actual Number of Employees: 4,586** *Estimated Breakdown:* *Full-time – 1,715* *Part-time – 1,502* *Casual – 1,369*	**Total Actual Number of Employees: 6,504** *Estimated Breakdown:* *Full-time – 1,945* *Part-time – 2,700* *Casual – 1,859*

Source: SAHO

3.4 Training for Home Care/Special Care Aides in Saskatchewan

3.4.1 Overview of Present Training Programs in Saskatchewan

To gather information regarding present training programs and providers, information was obtained from numerous sources, including known training providers, Saskatchewan Learning, Canada-Saskatchewan Career and Employment Services (CSCES), members in the health industry, and relevant website and promotional material reviews.

It was found that there are three main Home Care/Special Care Aide training programs/certificates presently being offered in Saskatchewan:

- Saskatchewan Institute of Applied Science and Technology (SIAST) Home Care/Special Care Aide Certificates;
- Saskatchewan Indian Institute of Technologies (SIIT) Home Health Aide/Long-Term Care Aide Certificates; and
- Saskatoon Business College (SBC) Personal Care Aide Certificate (Home Care/Long Term Care, Acute Care pending).

In Saskatchewan, an employee can be hired without a Home Care/Special Care Aide certificate. However, with regards to public health care where employees are covered by collective agreements negotiated with SAHO, any employee who does not have a Home Care/Special Care Aide certificate (either individual or dual) is required to obtain a SIAST or equivalent certificate within a 2 year period of being hired.

Saskatchewan Health's current policy (as indicated in the provincial Home Care Policy Manual) states that personal care and home management services are to be provided by Home Care Aides who have completed or are in the process of completing a Home Care service training program approved by Saskatchewan Health. As indicated by Saskatchewan Health, District Health Boards, therefore, are obliged to only hire Home Care Aides who meet Saskatchewan Health's training requirements. In addition, Saskatchewan Health considers a Home Care Aide as appropriately trained who has successfully completed a nursing, psychiatric nursing or practical nursing program.

Although Saskatchewan Health encourages and supports the employment of Special Care Aides who have completed an approved training course, there is no requirement by the District Health Boards to employ trained aides in special care homes other than what is in the collective agreements.

SIIT's certificate is the only certificate that has received SIAST equivalency. It will be considered equivalent until at least February 2004 at which time its equivalency status will be reviewed. SBC's certificate has been deemed equivalent to SIAST by Saskatoon District Health but not by SIAST. Saskatoon District Health and other employers (such as long-term care facilities in Regina, Moose Jaw, and Nipawin, and the Ile-a-la Crosse Hospital) recognize the certificate and hire graduates as equivalent.

SIAST has always had the sole responsibility for granting educational equivalency to their Home Care/Special Care Aide program. Saskatchewan Health currently relies on SIAST to determine whether an alternative training program is considered equivalent to the SIAST program. The programs approved by Saskatchewan Health to date include the SIAST program and those deemed equivalent to SIAST's program by SIAST (SIIT and out-of-province programs).

SAHO members receive information re: equivalent programs upon request from SIAST's Home Care/Special Care Aide program. In 1999, Saskatchewan Health did make a decision for hiring purposes to consider LPN's and RN's registered or unregistered as equivalent. However, the Home Care/Special Care Aide program has changed since then and the equivalency of LPN's and RN's has not been re-evaluated by SIAST.

A February 1999 Program Equivalencies List from SAHO indicated that programs in Home Care/Special Care have been offered by other institutions besides SIAST, SIIT and SBC. For example, the Victorian Order of Nurses (VON) offered a Human Services Worker Program from approximately 1990 to 1996.[42] However, this program, which offered its own certificate, was not able to obtain SIAST equivalency. Therefore, some graduates were required to take the SIAST program as well.
Other types of programs offered that did not receive SIAST equivalency include a Geriatric Aide Course offered by Wascana Institute; a Geriatric Aide Course offered by Saskatchewan Association of Special Care Homes (SASCH); a Nursing Home Attendant Course 1970 & after offered by the

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[42] Discussion with VON in Moose Jaw.

Department of Education; and a Homemaker (Theory) Home Care Service Course offered by SIAST.[43]

Lokken Associates Training Consultants Inc. also offered two years of a Home Care/Special Care Aide program starting around 1997 and had approximately 20 graduates. However, the program was not awarded SIAST equivalency or SASKATCHEWAN LEARNING registration.[44] The program is no longer running in either Saskatchewan or Alberta.

There were no other relevant training programs identified through this research process.

A 2001 Saskatchewan Program Equivalency status summary is outlined in **Appendix D**.

3.4.2 Detail Regarding Present Training Programs

The following provides more detail regarding the SIAST, SIIT, and SBC certificates.

Saskatchewan Institute of Applied Science and Technology (SIAST)

The origins of SIAST's present Home Care/Special Care Aide pre-employment program date back to 1980. As there was a demand for qualified health care workers in the Home Care and Special Care fields at this time, two distinct on-the-job programs, the Home Care Service Program and the Special Care Aide Program, were formed. In order to be eligible for the program, students had to be employed in the related field. Each of the two programs, which were delivered in a self paced, modular format, took approximately one to one and a half years to complete.

In 1985, the combined Home Care/Special Care Aide pre-employment program was initiated due to pressure from potential students, industry and the regional colleges. This program amalgamated the two original on-the-job programs. Graduates of this program are dually trained; therefore, they can work in home care and special care facilities. The separate programs could still be pursued as well.

In 1994, major curriculum revisions were completed to the pre-employment Home Care/Special Care Aide program. Since then, there have been annual revisions and updates completed for the modules. In 1996/97, the on-the-job programs had major revisions which brought the two programs into closer alignment. Since 1999, this curriculum has been the exact same as the pre-employment programs.[45]

Saskatchewan Health was part of a larger committee that assisted in the development of the SIAST program and continues to have representation on the Home Care/Special Care Aide Program Advisory Committee.

Early in the development of the SIAST Home Care/Special Care Aide Program, the curriculum consisted of core bands which were necessary for the completion of the program while other bands were considered optional. Subsequently that was changed and now the whole program is considered core.

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[43] Program General Equivalencies List, February 1999, SAHO.

[44] Discussion with Lokken Career Training in Edmonton, AB.

[45] SIAST *Report of the Curriculum Validation of the Home Care/Special Care Aide Program* – June 2000.

Today, the Home Care/Special Care Aide program is offered by SIAST in six different formats:

- Pre-employment program in home care and special care;
- Pre-employment program in home care;
- Pre-employment program in special care;
- On-the-job training program in home care and special care;
- On-the-job training program in home care; and
- On-the-job training program in special care.

SIAST has four campuses: Kelsey Campus in Saskatoon, Palliser Campus in Moose Jaw, Wascana Campus in Regina, and Woodland Campus in Prince Albert. SIAST offers full-time delivery of the Home Care/Special Care Aide program at the two base sites: Kelsey Campus and Woodland Campus. The program is available part-time through SIAST campuses and full-time and/or part-time on an as needed basis through SIAST's partners: the regional colleges and Dumont Technical Institute. In addition, the program is available on-the-job through Health Districts and other members of SAHO. Distance delivery is also available for 10 of the 12 courses through correspondence, video correspondence, and SCN (Saskatchewan Communications Network).

The Mission Statement of SIAST's Programs is "to prepare individuals to function as team members in the care of others in home care and/or special care homes."[46] The Home Care/Special Care Aide works under the direction of an RN, RPN, or LPN and is part of the nursing team. Even though the program focus is on working with the elderly, graduates are prepared to work with clients of all ages.

The SIAST program is a partner in an Interprovincial Agreement with specific educational institutions in British Columbia, Alberta and Manitoba. Graduates of the SIAST Home Care/Special Care Aide Program are recognized in these provinces. The Agreement also makes it more accessible for graduates with certificates from these provinces to take any additional required courses to gain employment in Saskatchewan.

SIAST conducts surveys with both employers of SIAST graduates and the graduates themselves. From past surveys, it was found that 96% of SIAST graduates were employed within 6 months of graduation and 91% of the graduates work in training related fields.[47] From the *Report of the SIAST Employer Survey - July 2001*, aggregate comments from employers of the 2000 graduates from all programs at SIAST were compiled. Some comments received were general in nature for all programs. However, some comments were program specific. For example, "there was strong support for the co-operative education, work placement and practicum concept in programs. Many of the respondents indicated that good communication skills and management skills were very important in the workforce and that SIAST should incorporate these concepts in all programs".[48]

Table 16 identifies the number of graduates from the SIAST Home Care/Special Care Aide programs from 1992 to 2000. These numbers include all graduates from full-time, part-time, and on-the-job programs. Therefore, the total includes all graduates who received a SIAST certificate regardless of whether the training was taking at a SIAST campus, regional college, Dumont Technical Institute, or on-the-job.

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[46] SIAST Home Care/Special Care Aide Program – Program Content Guide.

[47] SIAST Course Information Summary Sheet.

[48] *Report of the SIAST Employer Survey* July 2001.

TABLE 16:
Number of Graduates of SIAST Home Care/Special Care Aide Programs By Year
1992 to 2000

Year	Home Care/ Special Care Aide: Pre-employment	Home Care Aide: On-the-Job	Special Care Aide: On-the-Job	Home Care/Special Care Aide: On-the-Job	Total
1992/93	329	103	432		864
1993/94	343	61	279		683
1994/95	288	43	234		565
1995/96	265	46	182		493
1996/97	279	52	140		471
1997/98	305	118	120	2	545
1998/99	281	53	219	89	642
1999/00	347	16	60	111	534

Source: SIAST

3.4.3 Curriculum Validation

In June 2000, SIAST completed a *Report of the Curriculum Validation of the Home Care/Special Care Aide Program*. As outlined in the report, "the goal of the curriculum validation was to have objective, external consultation with a wide sector of the health care industry to assess the existing program curriculum and suggest modifications to increase the relevancy and currency of the Home Care/Special Care Aide program."

The validation process was designed and facilitated by two consultants from the Program Planning and Development unit of the Planning, Research and Development Division. The process was comprised of two phases:

- *Phase 1*: A two day workshop where 19 Home Care/Special Care Aide representatives from four Saskatchewan Health Districts gathered to examine and revise the existing SIAST program task listing.
- *Phase 2:* A validation survey of the revised task listing was conducted with a wide cross section of Home Care/Special Care Aide employees in 31 of 32 Saskatchewan Health Districts.

Regarding the tasks, the majority of the existing task listing was confirmed by the working committee and any required revisions were made to the list. The revised program task listing consists of 114 tasks which fit under the following categories:

1. Provides client care
2. Maintains a safe/clean environment
3. Applies communication skills
4. Provides personal hygiene

5. Provides for nutritional needs
6. Facilitates client position and mobility
7. Performs treatments
8. Provides care for clients with special needs
9. Demonstrates professional performance

A list of the 114 tasks is outlined in **Appendix E**.

Regarding laddering into other programs, such as the LPN, there currently is limited transfer of credit at SIAST. Home Care/Special Care Aide graduates that do ladder into the LPN receive credit for a Nursing 1 with an additional 2 week lab component attached. However, a bridging program is a priority future initiative at SIAST.

Saskatchewan Indian Institute of Technologies (SIIT)

As previously mentioned, the SIIT certificate is the only other Home Care/Special Care Aide program in Saskatchewan that has been given SIAST equivalency. SIIT, which offers training and educational programs to First Nations adults in Saskatchewan, has been in existence since 1976. On July 1, 2000, provincial legislation enacted by the Province of Saskatchewan recognized SIIT as a post-secondary institution. This new legislation assists SIIT students in transferring their credits both to and from other post-secondary institutions. It also enables their certificates and diplomas to be recognized at the provincial level by both First Nation and non-First Nation employers.

SIIT delivers programs at campuses and communities throughout Saskatchewan. SIIT has nine campuses in the following locations:[49]

- La Ronge
- Meadow Lake
- Onion Lake
- Prince Albert
- North Battleford
- Saskatoon
- Yorkton
- Fort Qu'Appelle
- Regina

Some programs are delivered through joint-management arrangements with Tribal Councils.

The idea for a home health/long-term care aide program was initiated by the First Nations Home Care Working Group. This Group is comprised of people who are involved with home care delivery agencies for First Nations people in Saskatchewan. At the time, the SIAST program was being taught in the north. However, sometimes language barriers were experienced when delivering the SIAST program and some of the case material scenarios were not as pertinent to northern situations. As well, there was the desire to include a First Nations cultural component into the program. As a result, the First Nations Home Care Working Group contacted SIIT to develop a certificate. A committee from the First Nations Home Care Working Group acted as advisors in the development of SIIT's program in its early stages.

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[49] SIIT website – http://www.siit.sk.ca

The first Home Health/Long-Term Care Aide SIIT program was initiated in September 1999. The Home Health Aide is trained to effectively care for and assist people, such as seniors or individuals, who are faced with mental or physical challenges and who wish to remain independent in their own homes. The Long-Term Care Aide provides similar types of services to individuals in institutional settings, such as special care homes.

The program is available for full-time pre-employment delivery or part-time on-the-job delivery. A community and/or specific employer sponsors the program. At the present time, distance education, correspondence or SCN are not available for this program.

Since the program started, there have been a total of 54 graduates from the Home Health Aide/Long-Term Care Aide program. These include those who have their Home Health Care Aide certificate, Long Term Care Aide certificate, or Home Health/Long Term Care Aide certificate. It also includes all full-time and part-time on-the-job graduates.

Regarding curriculum reviews, every time an instructor teaches a module, an evaluation is conducted. As well, meetings are regularly held with instructors to obtain feedback. SIIT is also in the process of formulating an Advisory Committee.

At this point in time, transferability of the program into other provinces has not been examined. As well, to date, work has not been done regarding laddering the certificate into other programs.

Saskatoon Business College (SBC)

Saskatoon Business College is the only private vocational school to offer a Personal Care Aide (Home Care/Long-Term Care) course in Saskatchewan. The Personal Care Aide certificate was developed by the Saskatoon Business College after surveys in the Saskatoon and surrounding area identified a demand for Home Care/Special Care Aides. The course was endorsed by the Saskatoon Health District and registered by Post-Secondary Education and Skills Training (now Saskatchewan Learning).

The SBC course has been deemed equivalent to SIAST by Saskatoon District Health but not by SIAST. Saskatoon District Health and other employers (such as long-term care facilities in Regina, Moose Jaw, and Nipawin, and the Ile-a-la Crosse Hospital) recognize the certificate. The graduates are mainly hired within the Saskatoon Health District, although some graduates work in the aforementioned areas. As per Saskatchewan Learning's registration criteria, over 70% of the graduates received employment in their relevant field after the course's first year of offering.

The Personal Care Aide course prepares students to work in long-term care and home care positions. The first Personal Care Aide course was offered in February 2000. In 2000/01, there were a total of 12 graduates who completed the program.

The course is only offered on a full-time delivery basis at the Saskatoon Business College campus. No part-time or on-the-job training is being done at this time.

Regarding the SBC's curriculum, input is received from Advisory Committees and changes are made to the curriculum as appropriate.

The transferability of the program from province to province was not known by SBC as the graduates to date work in the province of Saskatchewan. As well, due to the nature of the program, there is very little opportunity at this time to ladder in to a more technical program such as the LPN.

3.4.4 Overview of Provincial Training Providers

In addition to SIAST, SIIT, and SBC, other provincial training providers broker the SIAST or SIIT programs for full-time, part-time or on-the-job training. These training providers include, but are not limited to, the following:

Regional Colleges

There are eight provincial regional colleges that provide an array of programs and services to adults in over 40 rural and northern locations throughout Saskatchewan.[50]

Four types of programming are available:[51]

- Basic education;
- Vocational/technical training;
- University courses; and
- Non-credit programming, which includes training for industry and community development programs.

At these regional colleges, adult learners are also provided with a variety of career and student support services which are designed to assist them in successfully completing their studies.

The aforementioned programs and services are offered through a variety of modes including:[52]

- Face to face communication;
- Multimode;
- SCN; and
- Technologically Enhanced Learning (TEL).

On an as needed/demanded basis, the regional colleges broker the SIAST Home Care/Special Care Aide program. Demand for the course is assessed through an annual needs assessment that is completed for all programs.

Lakeland College in Lloydminster is an interprovincial regional college that "also serves Saskatchewan students in the northwestern part of the province, but is administered by the Province of Alberta under that province's legislation."[53] Saskatchewan Learning provides Lakeland College with funding to recognize the programs and services offered to Saskatchewan students.[54]

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[50] SaskNetWork website – http://www.sasknetwork.gov.sk.ca

[51] SaskNetWork website.

[52] SaskNetWork website.

[53] SaskNetWork website.

[54] SaskNetWork website and discussion with Lakeland College and SASKATCHEWAN LEARNING.

Relevant Home Care/Special Care Aide type programs offered at Lakeland College include the following:[55]

- The *Community Care Certificate* is a 32 week program that enables graduates to work in environments with people who need individual care in the home and community.
- The *Personal Support Aide Recognition of Achievement* is a 16 week program that enables graduates to work in Alberta long-term care facilities.

These programs are developed by Lakeland College with Community input.

To summarize, the eight provincial, and one interprovincial, regional colleges are:[56]

- Carlton Trail
- Cypress Hills
- North West
- Parkland
- Southeast
- Cumberland
- Northlands
- Prairie West
- Lakeland (interprovincial)

Dumont Technical Institute (DTI)

DTI is the "adult upgrading and technical training arm of the Gabriel Dumont Institute of Metis Studies and Applied Research".[57] DTI was established in 1992 in order to serve the technical and educational needs of Saskatchewan's Metis. DTI has implemented several programs, many of which have been delivered in cooperation with Metis Employment and Training of Saskatchewan Inc., SIAST, and regional colleges.

Similar to the situation with regional colleges, Dumont Technical Institute brokers the Home Care/Special Care Aide program from SIAST on an as needed basis. Only a full-time course in this area is presently offered. These courses are usually offered in Saskatchewan communities where either DTI partners with a regional college or rents space in the community. The cost to the student for the program is the same as the cost for SIAST's program. Any additional program costs are then funded through partnerships. SIAST also partners with DTI to deliver the Home Care/Special Care Aide program using Quick Skills funding.

On-the-Job Training

Any potential employer, such as health districts, agencies, etc. can broker a program from SIAST for on-the-job training. SIIT also provides on-the-job training with those who request it.

There is the possibility that programs not recognized by SIAST or SASKATCHEWAN LEARNING are available in the province. However, none of the training providers or SASKATCHEWAN LEARNING were currently aware of any other training being conducted for Home Care/Special Care Aides beyond the existing programs listed. As well, some employers are providing on-the-job training where a certificate is not received e.g., Wascana Rehabilitation Centre. All types of training being conducted for Home Care/Special Care Aides is explored in further detail in the surveys.

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[55] Discussion with Lakeland College.

[56] SaskNetWork website.

[57] DTI website – http://www.gdins.org

3.4.5 *Overview of Existing Training Programs in Saskatchewan*

Table 17 summarizes specific information regarding existing training programs in Saskatchewan.

TABLE 17:
Overview of Existing Training Programs

Institution	Credential	Duration by Method of Delivery	Number of Hours in Program	Entrance Requirements	Costs
SIAST	Home Care, Special Care and Home Care/Special Care Certificates	FT: 30 wks to complete PT and On-the-Job: 5 years to complete	Total Program Hours for Home Care/Special Care Aide: 783 (Special Care Practicum – 195 hours, Home Care Work Experience – 90 hours, Total Theory and Lab – 498 hours) Total Program Hours for Home Care Aide: 648 (Home Care Work Experience – 150 hours, Total Theory and Lab – 498 hours) Total Program Hours for Special Care Aide: 693 (Special Care Practicum – 195 hours, Total Theory and Lab – 498 hours)	Grade 10 or GED 12, must be 17 or older For on-the-job training, the above entrance requirements apply. In addition, employment in a Health Care District is required. Special Admission may apply	FT costs: (approx.) - $1,850 tuition plus $525 for books and supplies Due to funding, the total cost remains the same regardless of where the full-time course is taught e.g., SIAST, regional college, DTI Part-time costs: (cost recovery basis) estimated at $3,500 to $4,000 tuition plus books On-the-job costs: Varies from $0-$2,100 Regional colleges PT and on-the job varies due to cost recovery methods
SIIT	Home Health/Long-Term Care Aide, Home Health Aide, Long-Term Care Aide certificates	FT: 32 weeks PT On-the job: 5 years to complete	Total Program Hours: FT: 892 hours (Theory - 550 hrs, practicum for home care – 150 hours, practicum for long-term care – 192 hours)	Grade 10 or equivalent There is also a mature admission policy - min. age 21, pre-admission exam/interview	FT costs (approx.): $2,500 for tuition plus books. PT costs vary depending on where the program is held
SBC	Personal Care Aide Certificate (SIAST equivalency by Saskatoon District Health)	FT: 24 weeks	Total Program Hours: 820 (Classroom theory, practicums, and clinical experience)	Grade 10 or 11 plus entrance exam or Complete Grade 12 or GED 12.	FT costs: $4,300 tuition plus $727 books

Source: SIAST, SIIT, SBC

3.4.6 Prior Learning Assessment and Recognition (PLAR)

According to the Saskatchewan Labour Force Development Board (SLFDB), Prior Learning Assessment and Recognition (PLAR) "is a process of identifying and assessing what a person knows and can do. Because much of a person's prior learning has been gained from work experience, work-based training, community service and independent study, it is important that individuals are provided support and guidance to document their learning and to seek occupational or educational credentials. PLAR Services will fill a gap in the labour force development system and will assist workers in transition, particularly those entering an occupation, moving up the career ladder, or seeking an education or occupational credentials".[58]

SIAST presently offers a formal PLAR process. SIIT is currently conducting an evaluation to determine whether a formal PLAR process will be implemented for the Home Health Aide/Long-Term Care Aide program.

At SBC, prior learning and experience is recognized through an informal process conducted by the college. Subject credits will be granted where appropriate. Food Safe, C.P.R., First Aid, and P.A.R.T are examples. There is no charge for this evaluation.

Regarding SIAST, the PLAR challenge "is an evaluation through a valid and reliable process, by qualified specialist(s), of the knowledge and skills that have been learned through non-formal education, training or experience to determine the equivalency for credit to a SIAST course".[59] Non-formal education, training or experience can include:

- Work experience
- On-the-job training
- Training courses from private organizations
- Seminars and workshops
- Independent study
- Volunteer work
- Community activities

A person may apply PLAR to an individual course or the whole program.

The prior learning is assessed using a variety of techniques. These may include essay type assignments, video recognition validation, interviews, questionnaires, or exams. Some of the courses require a Lab Skills Challenge.

Documented evidence of prior learning must be provided. For example, a letter of reference from a previous (last five years) employer or present employer regarding the person's suitability as a candidate must be sent. If approved, a $30 PLAR application fee applies to initiate the PLAR request. There is an assessment fee as well.

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[58] SLFDB October 2000 Newsletter.

[59] SIAST website – http://www.siast.sk.ca

If courses have been taken from another accredited institution, a person may be eligible for transfer of credit. As well, if a person received one of the earlier Home Care or Special Care Aide certificates and they now want dual certification, it may be possible to apply PLAR.

In conclusion, since PLAR is relatively new, information regarding it is ever-changing. This report contains the most up-to-date information received prior to May, 2002.

3.5 Training for Home Care/Special Care Aides in Western Provinces

Through discussions with representatives from Provincial Labour Relations in Alberta and Manitoba, it was found that a Home Care/Special Care Aide type employee is not required to have a certificate at any point during their employment. However, it is the preference of Home Care/Special Care Aide employers that their employees do have a certificate.

The Provincial Labour Relations in British Columbia indicated that care aides must have a certificate from a 4-10 month course or an equivalent combination of education and experience. The certificate is a prerequisite to hire. The only potential for someone to be hired without the education is if the applicant pool does not contain anyone who meets the qualifications. In such a situation, an applicant may be hired and then proceed to obtain the qualifications post hire. However, this scenario is not very common.

There are Home Care/Special Care Aide programs in other provinces that have been granted SIAST equivalency. Refer to **Appendix F** for a complete listing. Upon providing the necessary documentation to SIAST, graduates of these out-of-province training programs would receive a letter stating equivalency to the SIAST program.

4 Surveys

4.1 Employer Survey

In total, 101 employers were contacted by telephone between November 29 and December 18, 2001. A copy of the Employer Survey used is found in **Appendix G.**

The employer survey covers a number of areas including:

- Demographic Overview
- Employment Issues
- Skills and Training
- Hiring of Graduates by Out-of-Province Employers
- Barriers to Training
- Training Programs
- New Skills Areas
- Transferability
- General Industry

These areas are further subdivided by industry if employers of Home Care Aides and employers of Special Care Aides answered survey questions specific to their employees. The number of employers responding to each question has been shown in brackets where applicable.

The results of the employee survey are provided in the following subsections. Responses from out-of-province employers are included in the body of the report. In total, 16 out-of-province employers were surveyed.

4.1.1 Demographic Overview

The following chart shows the majority of employers surveyed were from health districts[60] (30.7% or n=31/101), operated long-term care facilities (32.7% or n=33/101), personal care homes (21.8% or n=22/101), or community health centres/integrated facilities (12.9% or n=13/101). The category "other" (2.0% or n=2/101) included employers who operated a blend of facilities such as personal care home and acute care facilities and hospital, nursing home and home care all managed under same employer but not integrated.

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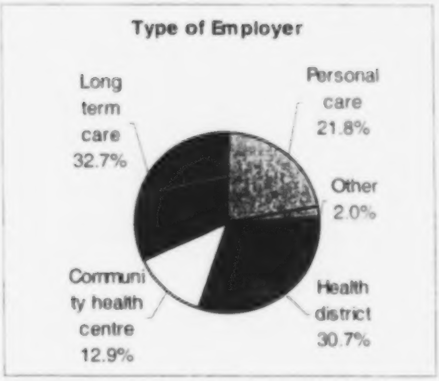
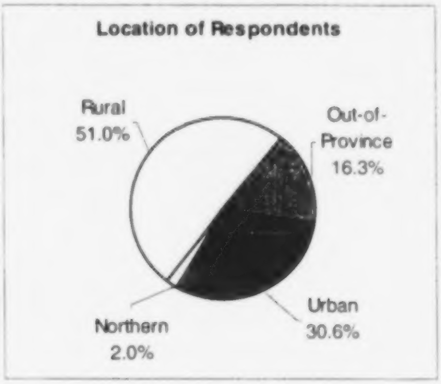
[60] Includes home care and acute care facilities.



N=101

The following chart shows that approximately half of respondents (51.0% or n=50/98; missing=3)[61] are rural, with 30.6% (n=30/98; missing=3) being urban, 16.3% (n=16/98; missing=3) from out-of-province, and 2.0% from northern locations (n=2/98; missing=3).



N=98

The majority of employers (65.3% or n=66/101) have been in business over 16 years, followed by 6-15 years (25.7% or n=26/101). The majority of employers (56.4% or n=57/101) indicated they employ over 50 people, followed by less than 20 people (25.8% or n=26/101) and 21-50 people (17.8% or n=18/101).

Of the employers surveyed 64.4% (n=65/101) are public sector organizations, 19.8% (n=20/101) are private organizations, and 15.8% (n=16/101) are from out-of-province. Of the public organizations, 10 are affiliates and 1 is a contract.

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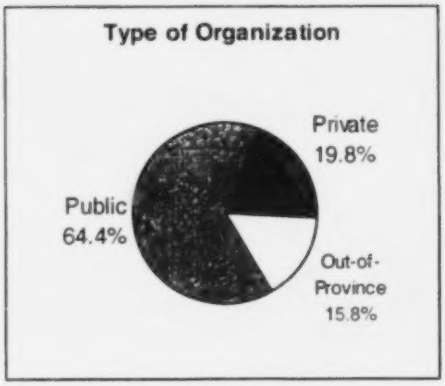
[61] Missing values represent the number of respondents who should have answered the question but did not because they declined or did not know the answer.



N=101

The public sector organizations are represented by the following unions: CUPE, SEIU, SGEU, and SUN. Out-of province employers reported their employees being represented by MGEU, HEU and BCNU. Home Care Aides are represented primarily by CUPE (23 employers) or SEIU (17). Other unions include SGEU (3), CUPE and SUN (1), and CUPE and MGEU (1). The majority of Special Care Aides are represented by CUPE (16) and SEIU (12). Other unions include MGEU (2), HEU and BCNU (1), and CUPE, Health Sciences and SUN (1).

4.1.2 Employment Issues Related to Home Care Aides

Of the employers surveyed 45.5% (n=45/99; missing=2) currently employ Home Care Aide type positions.

4.1.2.1 Employers Without Home Care Aides

Of those employers who do not currently employ Home Care Aides (54.5% or n=54/99), 9.26% (n=5/54) currently have a need for these positions while 90.74% (n=49/54) do not. The five employers who indicated they have a need for Home Care Aide positions, but do not currently employ people in these positions, were asked to answer the following questions in this subsection.

The five employers were asked what job titles they would use for these employees. Responses included Home Health Aide (2), Nursing Aide (1), Special Care Aide (1), and Home Health Aide/Special Care Aide (1). Responsibilities for this position include a number of duties ranging from total resident care and personal care, grooming, walking residents, laundry linen change, meal preparation, activation and assignment of nursing tasks.

The five employers were asked the number of full-time, part-time, and casual positions they will need and whether they are actively recruiting for these positions. The number of full-time Home Care Aides needed (37.5 hour work week on a permanent basis) on average was 27.5 staff, with the range being between 3 and 52 staff. These responses were provided by two employers, while one indicated they are recruiting 0 full-time staff and the remaining two did not respond. Two employers are actively recruiting for these full-time positions and two are not (n=4; missing =1).

Part-time is defined as working regularly scheduled hours totalling less than 37.5 hours per week and is generally assumed to average about 18.75 hours per week. Two employers indicated they currently need part-time staff while the remaining three did not respond. The number of employees required ranged from 2 to 12 employees, with the average being 7. Half (50% or n=1/2) of those who need part-time staff are actively recruiting.

The number of casual staff needed range from 2 to 26 staff, with an average requirement by employers of 10 staff, with the most frequent response of a requirement of 2 staff. Three employers indicated they currently need casual staff while the remaining two did not respond. Three-quarters (75%) of those employers who need casual staff are actively recruiting.

Of those employers who are actively recruiting, difficulties in recruiting include training issues and inadequate housing and child care. These employees are required to get training within two years of being hired, and classes are not always available. Qualified people who would be willing to relocate into the area often find inadequate housing and child care support. Child care is an issue due to shift-work and unpredictable hours of work.

The employers who responded believed recruiting difficulties could be overcome by providing two options with respect to the training required by employees; either offering Monday to Friday classes, or two evenings per week. More frequent deliveries of Home Care Aide/Special Care Aide courses would help ensure qualified staff, and turnover could be reduced by realistic job previews. Opting to train more local aboriginal people was also mentioned as a method to overcome recruiting difficulties.

Casual employees were considered the most difficult position to recruit for by 100% of those employers who responded (n=3; missing=2).

All respondents currently without Home Care Aide type positions (n=54) were asked how many full-time, part-time, casual, and full-time equivalent positions they expect to employ in five years. Almost all respondents (96.2% or n=51/53; missing =1) did not expect to employ any full-time Home Care Aides in the next five years. Only 1.9% (n=1/53; missing=1) expected to employ 3, while another 1.9% (n=1/53; missing=1) expected to employ 12 in five years time.

Almost all of respondents (98.1% or n=52/53; missing=1) did not expect to employ any part-time Home Care Aides in the next five years either. Only 1.9% (n=1/53; missing=1) expected to employ 3 part-time Home Care Aide staff.

Only 1.9% (n=1/53; missing=1) expected to employ 3 casual Home Care Aides in the next five years while another 1.9% (n=1/53; missing=1) expected to employ 25. Of the 96.2% (n=51/53; missing=1) remaining, these employers did not expect to employ any Home Care Aides in the next five years. None of the employers (0% or n=0/50; missing=4) surveyed expected to employ full-time equivalents in five years.

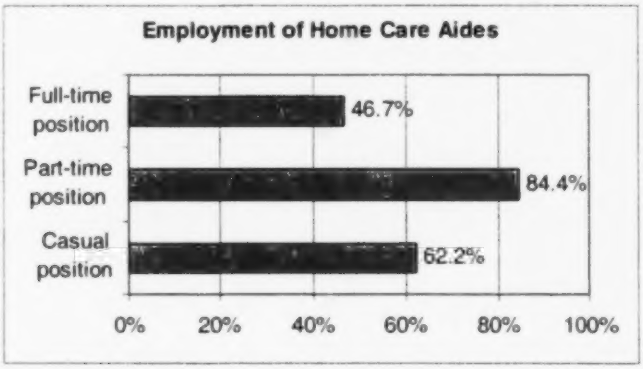
4.1.2.2 Employers With Home Care Aides

All survey respondents with Home Care Aide type positions (n=45) were asked if they use the title "Home Care Aide" within their organization and 35.56% (n=16/45) responded "yes." Of those that do not, similar titles such as Home Health Aide (19), Personal Care Aide (3), Care Givers (3), Health Care Aides (3), Health Care Attendants (1), General Home Care (1), Resident Care Aide (1) and Resident Attendant (1) are used. Their duties include but are not limited to:

- Personal Care - dressing, bathing and grooming (38 employers)
- Basic Housekeeping - cleaning/laundry (22)
- Meal Preparation (15)
- Respite Services (7)
- Med Surveillance (3)
- Transferred tasks - i.e. eye drops (3)
- Med Dispensing (2)
- Mechanical Lift Transfers/Lifting (2)
- Palliative Care (1)
- Social activities/mingling with residents (1)

4.1.2.2.1 Employment Status of Home Care Aides

All employers with Home Care Aides (n=45) were asked if they currently employ Home Care Aides on a full-time, part-time and casual basis. Responses are shown in the following chart.



Twenty-one of 45 employers indicated they employ Home Care Aides on a full-time basis. The number of full-time Home Care Aides employed ranged from 2 to 50, with an average of 12.3 full-time staff per employer. Eighteen indicated they currently employ 0 full-time staff and the remaining 6 did not respond.

Thirty-eight of 45 employers currently employ part-time Home Care Aides. The number of part-time Home Care Aides employed ranged from 2 to 150, with an average of 18.5 part-time staff per employer. Two indicated they currently employ 0 part-time staff and the remaining 5 did not respond.

Twenty-eight of 45 employers currently employ casual Home Care Aides. The number of casual Home Care Aides employed ranged from 1 to 35, with an average of 8.9 casual staff per employer. Eleven indicated they currently employ 0 casual staff and the remaining 6 did not respond.

An average of 24.9 Home Care Aides are employed on a full-time equivalent basis. Of the 13 employers who currently employ full-time equivalents the range of staff is between 2 and 126 employees. These responses were provided by 13 employers, while 22 indicated they currently employ 0 casual staff and the remaining 10 did not respond.

Nineteen of 45 employers employ Home Care Aides of Aboriginal ancestry. This includes Status Indians, Non-Status Indians, Métis and Inuit peoples. Of those who have employees of Aboriginal descent, those staff average 8.2% of their current Home Care Aide staff. Twenty-three indicated they currently employ 0 Home Care Aides of Aboriginal ancestry and the remaining 3 did not respond.

Home Care Aides often also work as Special Care Aides. The majority of respondents (62.2% or n=28/45) have Home Care Aides also working as Special Care Aides within their organization. Two-thirds (66.7% or n=30/45) of Home Care Aides work for other organizations as either Home Care Aides or Special Care Aides. Of those who work for other organizations, one-third (32% or n=8/25; missing=5) of these work as Home Care Aides, 36% (n=9/25; missing=5) as Special Care Aides, and 32% (n=8/25; missing=5) in both positions.

The average age of Home Care Aides, of those employers who responded, is approximately 41 years of age. The range of ages regarding these Home Care Aides is between 30 and 55 years, with the most common age being 40 years. These responses were provided by 43 employers, while 2 did not respond. The majority of employers (73.3% or n=33/45) surveyed estimate that 100% of their Home Care Aide staff is female. Another 20% (n=9/45) believes the female percentage of Home Care Aides is between 90-99.9%. Only 4.4% (n=2/45) estimated their female Home Care Aide staff as being 50% or less.

Employers with Home Care Aides (n=45) were asked how many they expect to employ in 5 years. Of those employers who expect to employ full-time Home Care Aides the range is between 1 and 25 employees with an average employment of 7.7 Home Care Aide staff. These responses were provided by 15 employers, while 11 indicated they expect to employ 0 full-time staff and the remaining 19 did not respond.

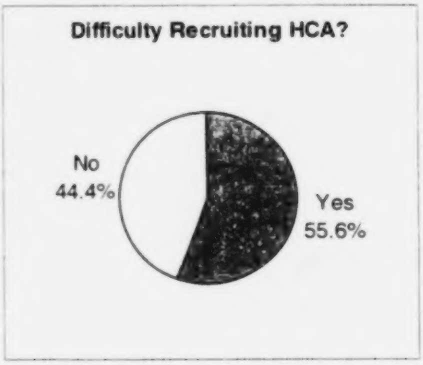
This same question was asked regarding part-time Home Care Aides. Of those who expect to employ part-time staff in 5 years, the expected range is between 1 and 60 staff, with the average number of part-time Home Care Aide staff expected to be 15.25 employees. These responses were provided by 20 employers, while 6 indicated they expect to employ 0 part-time staff and the remaining 19 did not respond.

Of those who expect to employ casual staff in 5 years, the expected range is between 1 and 30 staff, with the average number of casual Home Care Aide staff expected in 5 years to be 11 employees. These responses were provided by 17 employers, while 9 indicated they expect to employ 0 part-time staff and the remaining 19 did not respond.

The expectations to employ full-time equivalent staff ranged from 5 to 50 employees. Of those who responded to expecting to employ this type of staff, the average number of full-time equivalent staff is expected to be 24.7 staff members per employer in 5 years. These responses were provided by 7 employers, while 17 indicated they expect to employ 0 part-time staff and the remaining 21 did not respond.

4.1.2.2.2 Recruitment Issues for Home Care Aides

Almost half of respondents (44.4% or n=20/45) with Home Care Aide type positions indicated they have no difficulty recruiting qualified Home Care Aides. This is shown in the following chart. Difficulties mentioned by the remaining 55.6% include lack of qualified candidates (8), inability to offer stable and regular hours (6), low wages (5), lack of training available in the district and/or too expensive (4) and union constraints regarding seniority (1).

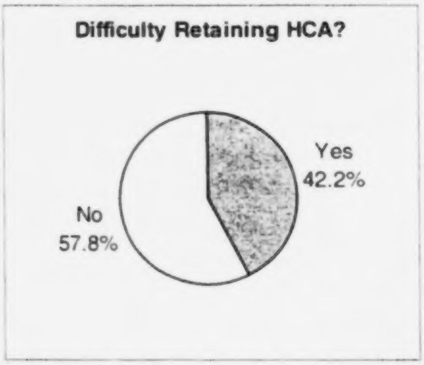


Employers believe that these recruiting difficulties may be overcome with more training options and training availability (8), the ability to offer higher wages (4), regular shifts (3), on-the-job training options (3) and aboriginal training (1).

Of the employers with recruiting difficulties (n=25), it is believed that the most difficult type of position to recruit for is casual employment. Of those who responded, 73.9% (n=17/23; missing=2) believe recruiting casual staff is the most difficult, 17.4% (n=4/23; missing=2) believe part-time help is the most difficult to hire, while only 8.7% (n=2/23; missing=2) consider hiring full-time staff the most difficult process of the three.

4.1.2.2.3 Retention Issues for Home Care Aides

The following chart shows that employers with Home Care Aides 57.8% (n=26/45) have no difficulty retaining qualified staff. Difficulties listed by the remaining 42.2% (n=19/45) include not enough casual hours (10), leave for higher wages elsewhere (5) and dislike with the work (2).



Retention difficulties are thought to be overcome via higher wages (3), providing regular hours (3), more significant size positions (1), increased travel allowances (1) and increased funding and more integration of HC/SCA positions for more reliable working hours, encourage retraining and consider a health care entry level position (1).

Of the employers with retention difficulties (n=19), almost three-quarters (73.7% or n=14/19) believe casual employment is the most difficult to retain. Only 10.5% (n=2/19) believe part-time is the most difficult, while 15.8% (n=3/19) believe full-time staff is the most difficult to retain.

Satisfaction among Home Care Aides jobs in general (full-time, part-time, and casual) is thought to be generally satisfactory among the employers surveyed (n=45). Employers provided an average rating of 3.78 (n=23; missing=22), on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied, among full-time employees. Of full-time employees 56.5% rated their employees' satisfaction a 4 on a scale of 1 to 5. 13% rated their full-time employees' satisfaction a 5 (very satisfied), while only 4.3% rated their full-time Home Care Aide satisfaction a 2.

Employers provided an average rating of 3.88 (n=40; missing=5), on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied, among part-time employees. Sixty percent of employers felt their part-time Home Care Aides were satisfied, while 17.5% of employers felt their part-time employees were very satisfied. It is only believed that 7.5% of their part-time staff was unsatisfied and were given a satisfaction rating of 2.

Employers provided an average rating of 3.60 (n=33; missing=12) to casual Home Care Aides. Approximately half (51.5%) felt their casual employees were satisfied (rating of 4). The level of dissatisfaction increases however from full-time, part-time staff to casual staff. Employers believe that 15.2% of their casual staff is somewhat dissatisfied in general with their job. Reasons for dissatisfaction are thought to include casual staff wanting more hours (5), part-time staff wanting full-time hours (1) and uncertainty of hours and schedules (1).

Satisfaction among Home Care Aides according to skill utilization (full-time, part-time and casual) is also thought to be generally satisfactory among the employers surveyed (n=45). Employers provided an average rating of 4.0 (n=23; missing=22) regarding full-time employees. Just over half (56.5%) of employers rated their full-time employees satisfaction level a 4 on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral and 5 being very satisfied. Less than one-quarter (21.7%) rated their full-time employees' as being very satisfied, while 21.7% rated their full-time Home Care Aide skill utilization satisfaction level a 3, somewhat neutral.

Employers provided an average rating of 4.15 (n=40; missing=5) regarding part-time employees. Sixty percent of employers felt their part-time Home Care Aide employees are satisfied with their skill utilization, while 27.5% of employers felt their part-time employees were very satisfied. It is only believed that 12.5% of their part-time staff felt neutral, and therefore rated a satisfaction level of 3.

Employers provided an average rating of 3.90 (n=32; missing=13) regarding casual Home Care Aide employees. Of casual Home Care Aides, 50% felt their casual employees were satisfied, and 25% were believed to be very satisfied with their skill utilization level. It is believed with a reduction in home management and an increase in acuity of care, there is better feeling of satisfaction (1).

Employers believe the three job related concerns regarding Home Care Aides are:

1. Workload (7)
2. Varying Hours and Split Shifting – concern over lack of hours, shift-work, hours fluctuating and seniority vs. hour allotments (7)
3. Travel Issues – collective agreement provisions in addition to rural driving/weather conditions (7)

The majority of employers with Home Care Aides (83.3% or n=35/42; missing=3) do not feel the above concerns differ by employment status (i.e. full-time, part-time or casual status). Of those 16.7% (n=7/42; missing=3) who do, it is believed that full-time and part-time staff are more concerned about lay-offs (2), full-time staff receive the heavier workload (1), while casual staff are more concerned about lack of hours (1).

The percentage of Home Care Aide positions that are believed to be filled by other occupations (i.e. LPN's, RPN's or RN's) is in the range of 1% to 20%. A majority of employers (64.3% or n=27/42; missing=3) do not believe any of their Home Care Aide positions are filled by other occupations.

4.1.3 Employment Issues Related to Special Care Aides

Of the employers who responded 67.3% (n=66/98; missing=3) currently employ Special Care Aide type positions in their organizations.

4.1.3.1 Employers Without Special Care Aides

Of the 32.7% (n=32/98; missing=3) of respondents who indicated they do not employ Special Care Aides, only one respondent indicated they have a need for this position in their organization. The remaining 30 indicated they have no need for this position while 1 did not respond.

The one employer with a need for Special Care Aide type positions indicated responsibilities would include personal care in some long-term care personal care tasks in a long-term facility as well as recreation and rehabilitation. The employer also indicated they are actively recruiting for 0 full-time positions, 3 part-time positions, and 10 casual positions. Difficulties experienced while recruiting include the number of hours, the lack of permanent positions, and training centre distance. It is believed these recruiting difficulties can be overcome by working more closely with the community colleges in the area. This employer believes that recruiting casual staff is the most difficult to overcome.

All respondents who do not currently have a need for Special Care Aides (n=30) were asked if they expect to employ people in these positions in five years. Most respondents (92.6% or n=25/27; missing=3) do not expect to employ any full-time Special Care Aides in five years. Of the 2 employers who plan to employ full-time Special Care Aides, the expected range is between 2 and 10 staff, with the average number of part-time Special Care Aide staff expected in five years to be 6 employees.

This same question was asked of the 30 employers regarding part-time Special Care Aides. Again, most (82.1% or n=23/28; missing=2) did not expect to employ any part-time Special Care Aides. Of the 5 employers who expect to employ these part-time staff, the expected range is between 2 and

120 staff, with the average number of part-time Special Care Aide staff expected in five years to be 33.6 employees.

Most respondents (85.2% or n=23/27; missing=3) do not expect to employ casual Special Care Aides in five years time. Of the 4 employers who expect to employ these casual staff, the expected range is between 5 and 70 staff, with the average number of casual Special Care Aide staff expected in 5 years to be 24.25 employees.

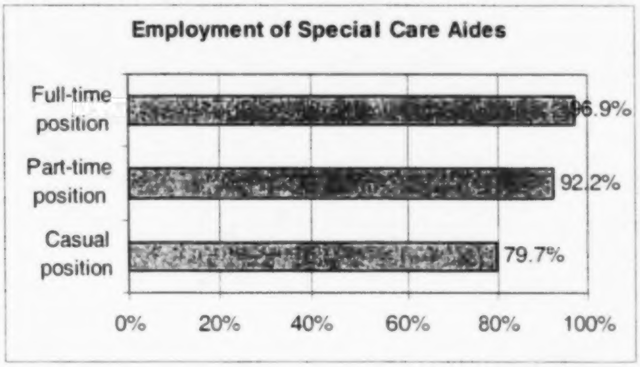
Most respondents (96.2% or n=25/26; missing=4) do not expect to employ full-time equivalent Special Care Aides in five years time. One employer expects to employ 80 full-time equivalents in five years.

4.1.3.2 Employers With Special Care Aides

All respondents who have Special Care Aide type positions (n=66) were asked if they use the job title "Special Care Aide" within their organization. The title of Special Care Aide is used within 65.2% (n=43/66) of these organizations. Other titles commonly used include Health Care Aides (9), Caregivers (5), Nurses Aide (4) and Home Health Aide (2). Responsibilities of the Special Care Aide include total personal care (65), meals and/or feeding (18), socializing/entertainment (5), assisting with meds (3), vital signs (3) and laundry (2).

4.1.3.2.1 Employment Status of Special Care Aides

All employers (n=66) were asked if they currently employ Special Care Aides on a full, part-time and casual basis.



Of 62 employers with Special Care Aides, almost all (96.9%) employ Special Care Aides on a full-time basis. The number of full-time Special Care Aides employed ranged from 1 to 125, with an average of 15.5 full-time staff per employer. Two employers indicated they employ 0 full-time staff and the remaining 2 did not respond.

Of 59 employers with Special Care Aides, most employers (92.2%) currently employ part-time Special Care Aides. The number of part-time Special Care Aides employed ranged from 1 to 140, with an average of 18.7 part-time staff per employer. Five employers indicated they employ 0 full-time staff and the remaining 2 did not respond.

Of 51 employers with Special Care Aides, the majority (79.7%) currently employ casual Special Care Aides. The number of casual Special Care Aides employed ranged from 1 to 61, with an average of 11.5 casual staff per employer. Thirteen employers indicated they employ 0 full-time staff and the remaining 2 did not respond.

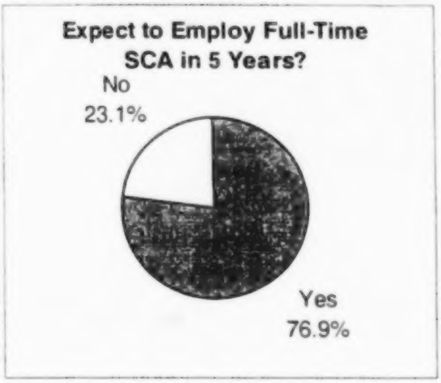
Of 24 employers with Special Care Aides, less than half of employers (42.9%) currently employ full-time equivalent Special Care Aides. An average of 30 Special Care Aides are employed on a full-time equivalent basis. Of the 25 employers who currently employ full-time equivalents the range of staff is between 2 and 213 employees. Thirty-two employers indicated they employ 0 full-time staff and the remaining 10 did not respond.

Twenty-five of the 66 employers with Special Care Aides (41.0% or n=25/61; missing=5) employ Special Care Aides of Aboriginal Ancestry. This includes Status Indians, Non-Status Indians, Métis and Inuit peoples. Of those who have aides of Aboriginal descent, those staff average 14.1% of their current Special Care Aide staff.

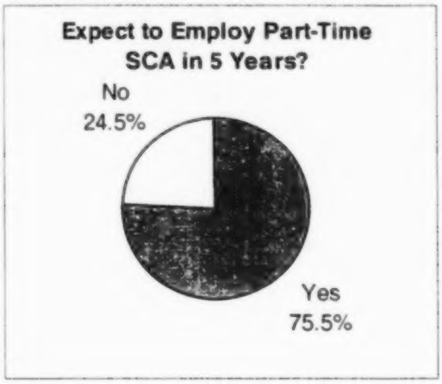
Special Care Aides often also work as Home Care Aides. One-third of respondents (31.8% or n=21/66) have Special Care Aides also working as Home Care Aides within their organization. Over half (56.3% or n=36/64; missing=2) of Special Care Aides work for other organizations as either Home Care Aides (35.7% or n=10/28; missing =8), Special Care Aides (35.7% or n=10/28; missing =8), or both (28.6% or n=8/28; missing =8).

The average age of Special Care Aides, of those employers who responded, is approximately 39 years (n=62; missing=4). The range of ages regarding these Special Care Aides is between 25 and 50 years, with the most common age being 40 years. Just over half of respondents (53.0% or n=35/66) estimate that 100% of their Special Care Aide staff is female. Another 36.4% (n=24/66) believes the female percentage of Special Care Aides is between 90-99%. Only 4.6% (n=3/66) estimated their female Special Care Aide staff as being 50% female or less.

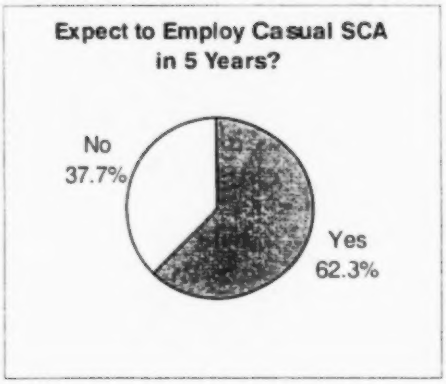
All employers with Special Care Aides (n=66) were asked if how many full-time, part-time, and casual Special Care Aides they expect to employ in five years. Of those employers who responded 76.9% (n=40/52; missing=14) expect to employ any full-time Special Care Aides in 5 years. Of those employers who expect to employ full-time Special Care Aides, the range of staff levels are expected between 1 and 50 full-time staff, with an average number of 11.4. These responses were provided by 40 employers, while 12 indicated they employ 0 full-time staff and the remaining 14 did not respond.



This same question was asked regarding part-time Special Care Aides. Approximately three-quarters (75.5% or n=40/53; missing=13) expect to employ any part-time Special Care Aides. Of those who expect to employ these part-time staff, the expected range is between 1 and 150 staff, with the average number of part-time Special Care Aide staff expected in 5 years to be 17.1 employees. These responses were provided by 40 employers, while 13 indicated they employ 0 full-time staff and the remaining 13 did not respond.

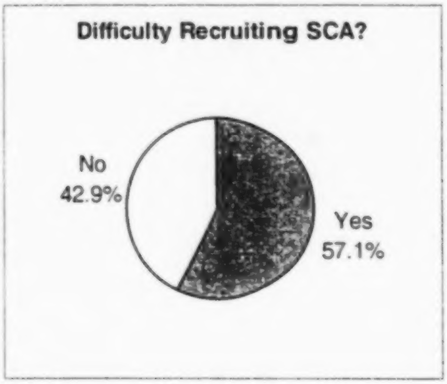


Of those employers who responded 62.3% (n=33/53; missing=13) expect to employ casual Special Care Aides in 5 years time. Of those who expect to employ these casual staff, the expected range is between 2 and 100 staff, with the average number of casual Special Care Aide staff expected in 5 years to be 17.7 employees. These responses were provided by 33 employers, while 20 indicated they employ 0 full-time staff and the remaining 13 did not respond.



4.1.3.2.2 Recruitment Issues for Special Care Aides

Almost half of respondents (42.9% or n=27/63; missing=3) have no difficulty recruiting qualified Special Care Aides. Common difficulties experienced by the remaining 57.1% (n=36/63; missing=3) when recruiting include lack of education/not adequately qualified (17), lack of trained applicants looking for casual or part-time work (4), and inadequate wages (3).

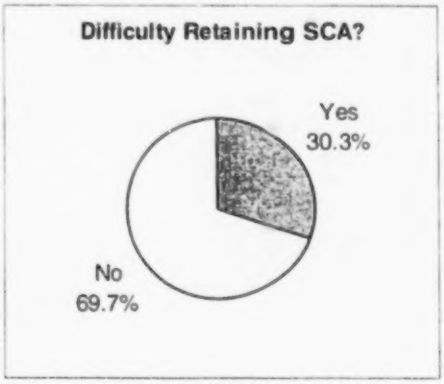


Of those with recruiting difficulties (n=36), it is believed many of these difficulties can be solved by implementing the following changes: offer more regular hours (5), find people more suited to the job or build dedication in employees (3), pay competitive wages/incentives (3), and improve prospective employees' understanding of the job (2).

Casual Special Care Aide positions are thought to be the most difficult to recruit for by 78.1% (n=25/32; missing=4) of employers, with full-time being the second most difficult (15.6% or n=5/32; missing=4).

4.1.3.2.3 Retention Issues for Special Care Aides

Over two-thirds (69.7% or n=46/66) of those employers who hire Special Care Aides have no difficulty retaining qualified staff. Those with difficulties (30.3% or n=20/66) listed reasons such as not enough casual hours (9), employees leave for higher wages elsewhere (5), burn out, long shifts, absenteeism (1) and hard work evenings and weekends (1).



It is believed retaining difficulties can be overcome by offering regular/guaranteed hours (2), paying competitive wages (2), offering more hours (2), offering evening and weekend classes on a part-time basis (2), find equity in rates of pay, i.e. hospitals to long-term care (1) and find some way to find people who like the job and are able to cope with the job (1).

Of the employers with retention difficulties (n=20), 80.0% (n=16/20) believed that casual positions were the most difficult to retain. Difficulty retaining full-time (10.0% or n=2/20) and part-time (10.0% or n=2/20) staff was not as much of a problem.

All employers with Special Care Aide type positions (n=66) were asked about the level of satisfaction of full-time, part-time, and casual workers. Satisfaction among Special Care Aides jobs (full-time and part-time) is thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 3.67 (n=64; missing=2) regarding full-time employees. Almost half (46.9%) of respondents rated their satisfaction a 4 on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral and 5 being very satisfied. 15.6% believe their full-time employees' are very satisfied, while only 1.6% rated their full-time Special Care Aide as being somewhat dissatisfied.

Employers provided an average rating of 3.72 (n=62; missing=4) regarding part-time employees. Almost half (46.8%) of employers felt their part-time Special Care Aide staff was satisfied, while 16.1% of employers felt their part-time employees were very satisfied. It is only believed that 3.2% of their part-time staff is somewhat unsatisfied and rated a satisfaction level of 2.

It is believed that casual Special Care Aides are less satisfied than full-time or part-time staff. Employers provided an average rating of 3.07 (n=62; missing=4) regarding casual employees. Of the employers who responded 37.1% believed their casual Special Care Aides are satisfied with their job in general. Employers believe that 11.3% of their casual staff is dissatisfied and 35.5% feel somewhat neutral. Reasons for dissatisfaction are thought to include full-time staff juggling shift-work and workload (2) and uncertainty of hours and schedules for casual staff (1) casual staff wanting more hours (1).

Satisfaction among Special Care Aides according to skill utilization (full-time, part-time, and casual) is thought to be generally satisfactory among the employers surveyed (n=66). Employers provided an average rating of 4.05 (n=64; missing=2) regarding full-time employees. Over half of the employers (51.6%) rated their full-time employees satisfaction level a 4 on a scale of 1 to 5, with being not at all satisfied, 3 being neutral and 5 being very satisfied. One-third (32.8%) believe their full-time employees' are very satisfied, while only 3.1% rated their full-time Special Care Aide skill utilization satisfaction a 2.

Employers provided an average rating of 4.13 (n=62; missing=4) regarding part-time employees. Just over half (53.2%) of employers felt their part-time Special Care Aide staff are satisfied (4) according to their skill utilization, while 33.9% of employers felt their part-time employees were very satisfied. It is only believed that 3.2% of their part-time staff is unsatisfied and rated a satisfaction level of 2.

Employers provided an average rating of 3.66 (n=62; missing=4) regarding casual employees. Of those employers who responded, 46.8% felt their casual employees were satisfied (4), 25.8% were believed to be very satisfied and only 3.2% were believed to be dissatisfied with their skill utilization. It is believed that employee dissatisfaction stems from the Special Care Aides having more skills than they need (1) and that Registered nurses that they work with do not often recognize their training (1).

Employers believe the three job related concerns regarding Special Care Aides are:

1. Increased/Heavy Workload (26)
2. Salary/Benefits issues (8)
3. Shift-work (5)

Concerns are not believed to be different because of employment status (78.8% or n=52/66). Of those who believe that concerns are different between full-time, part-time and casual status, it is believed to be due to: full-time staff have a more difficult time with shift-work, workload and stress (4), part-time and casual staff want more shifts (2), casuals' workloads are not the same (1) and part-time and casual employees often have more job satisfaction due to less fatigue and stress of repeated work (1).

The percentage of Special Care Aide positions that are believed to be filled by other occupations (i.e. LPN's, RPN's or RN's) is in the range of 0.5% to 100%, with an average of 11.7%. A majority of employers (76.6% or n=49/64; missing=2) do not believe any of their Special Care Aide positions are filled by other occupations.

4.1.4 Skills and Training for Home Care Aides

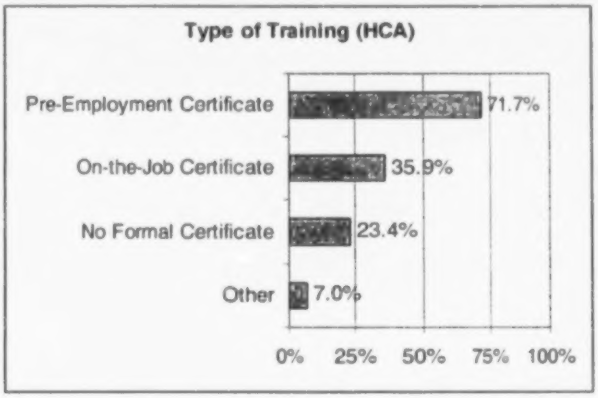
Employers with Home Care Aides (n=45) were asked to indicate the top 5 knowledge areas required for this position. Of the employers who responded, it is believed that the top 5 knowledge areas required for a Home Care Aide are:

1. Personal care skills (bathing, toileting and transferring) (17)
2. Communication skills (10)
3. Understanding dementia (9)
4. Nutrition (5)

5. Conflict resolution/working with people - both with families, patients and other staff (4)

The minimum education and experience qualifications required when hiring Home Care Aides are: Certificate - Special Care Aide, Home Care, or Health Care Attendant, with Grade 10 or Grade 12 (29), Grade 12 or GED (8), Grade 10 (2), Grade 12 and a Nurse's Aide course (1), currently no pre-requisite – will train anyone who applies (1).

The following chart shows that employers indicated an average of 71.7% (n=43; missing=2) of their Home Care Aides have a relevant certificate from a recognized training institute that was obtained prior to their employment. On average, 35.9% (n=28; missing=17) of those they employ have a relevant certificate from a recognized training institution that was obtained on-the-job, while 23.4% (n=18; missing=27) of Home Care Aides have no formal certificate. An average of 7.0% (n=9; missing=36) of staff are currently enrolled in the course on a part-time or correspondence basis (4).



4.1.4.1 Pre-Employment Certificate for Home Care Aides

Employers with Home Care Aides (n=45) recognize several different programs when hiring for this position. The most recognized is the SIAST program HHA/SCA certificates (25), equivalent out-of province programs (4), SAHO recognized training course (2) and the British Columbia Long Term Care Aide Certificate (1).

Almost two-thirds (63.6% or n=28/44; missing=1) of those employers with Home Care Aides indicated that a recognized training certificate is a prerequisite to gaining Home Care Aide employment. Of those who do not require a certificate as a prerequisite to employment, most respondents (87.5% or n=14/16) require the employee to obtain a recognized certificate at some point throughout the course of their employment. These employers require certification within a range of 6 months to two years of joining their organization. A majority of the employers who responded (78.6% or n=11/14) require the Home Care Aide to become certified within two years. All those who responded ask their un-certified employees to complete their HHA, SCA, or HCA certificate (5). The employers' concerns are cost, general course availability and a lack of diabetic classes available.

4.1.4.2 On-the-Job Training Certificate for Home Care Aides

Almost half (43.2% or n=19/44; missing=1) of the employers with Home Care Aides have participated in on-the-job training where employees have received a Home Care type certificate from a recognized training institution. Of the employers who have not participated in on-the-job training certification in the past (54.5% or n=24/44; missing=1), 83.3% (n=15/18; missing=6) do not plan to have this training offered in the future. Only 2.3% (n=1/44; missing=1) are currently participating in a program at this time.

Of the programs these employers have participated in the past, the majority has been offered at SIAST (13), or was SIAST on-the-job training (2). Lakeland College's program was mentioned by 1 respondent. Three respondents no longer offer on-the-job training – one of which would like to reinstate it.

When those employers who have participated in on-the-job training with a certificate (n=19) were asked how satisfied in general they were with this training to date respondents provided an average rank of 4.18. Almost half (45.5%) indicated they were very satisfied, 31.8% said they were satisfied, while only 4.5% indicated dissatisfaction with their training. This is based on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied. The reasons stated by the respondents for this dissatisfaction included difficulty teaching proper procedure and technique when facility is non-compliant and the Lakeland College course used Canada Employment candidates and most were not willing to work in this field.

Instructors used for the on-the-job training were from a variety of sources. Over half were from the employer's organization (61.1% or n=11/18; missing=1), 22.2% (n=4/18; missing=1) were from the training institution and 16.7% (n=3/18; missing=1) were found from other sources.

Employee costs when enrolled in on-the job certification training include tuition, instructors, materials and other incidentals. Of the employers who responded, 50% (n=4/8; missing=11) paid their employees tuition costs, 77.8% (n=7/9; missing=10) covered the costs of the instructors, half (50% or n=4/8; missing=11)) covered materials, while 81.8% (n=9/11; missing=8) paid for other costs. Other employer-covered costs included salary and practicum hours (3), a $300.00 education bursary (1), and grants to cover tuition and other costs upon successful completion of the course (1).

When those employers who have participated in on-the-job training with a certificate (n=19) were asked how appropriate in general the cost of training programs to date were, they provided an average rank of 4.32. Over half (57.9%) of employers believe that the cost of the training programs to date were very appropriate, another 26.3% felt the cost were appropriate. Only 5.3% of those employers who responded believed the cost of the training programs to date were not at all appropriate. This is based on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate. Of the employers who expressed dissatisfaction, it is believed in-facility training costs are fine, while outside training is very expensive.

Employees are expected to cover several types of expenses when enrolled in on-the-job Home Care-type certificate training. Of the employers who responded 93.3% (n=14/15; missing=4) expected their employees to pay their tuition, 58.3% (n=7/12; missing=7) were expected to covered instructor costs, 85.7% (n=12/14; missing=5) were expected to pay materials costs and 100% (n=14/14; missing=5) believed employees should cover the costs of travelling. Three of those surveyed believed their employees should be responsible for other incidental costs of training such as training on their own time (1).

When asked how appropriate in general is the cost of to the employees for the training programs to date, respondents who have participated in on-the-job training with a certificate (n=19) provided and average rank of 4.05. Over one-third (36.8%) believed the costs were very appropriate, or appropriate (36.8%). Only a small percentage (5.3%) felt the cost to employees is not appropriate. This is based on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate. The employees who expressed dissatisfaction indicated it was considered too costly (1).

Just over two-thirds (68.4% or n=13/19) of employers do not feel there needs to be any changes made to on-the-job training programs. Of the 31.6% (n=6/19) who do, suggestions include:

- Instructor issues (3) – use on-site instructors who have been given relief from other duties
- The training needs to be offered more often – or in more accessible ways. i.e. internet, long distance (1).
- Not enough time for on-the-job training (1)

Employers who have participated in on-the-job training with a certificate (n=19) were asked if they felt there needed to be any additional supports/assistance provided by the training institution to facilitate on-the-job training. Over half of those who responded (52.6% or n=10/19) believed additional support was needed. Suggestions included providing instructors (7), financial assistance (2) and more bursaries for people to attend college and pay tuition.

Employers were asked if prior learning/experience, also referred to as PLAR was adequately recognized. Over half of those who responded (61.5% or n=8/13; missing=6) felt it was as any previous courses can be used to challenge a part of the HCA/SCA course (3) and employees can also be grand-fathered in HHA so they do not have to take the course. Of those who did not feel prior learning experience is adequately recognized (38.5% or n=5/13; missing=6), reasons include LPN's taking the HCA course did not have their skills adequately recognized (1) and there is a general lack of recognition for years of experience (1).

Two-thirds of these employers (66.7% or n=8/12; missing=7) do not feel there were any barriers encountered by employees applying for PLAR. Of those 33.3% (n=4/12; missing=7) who do, reasons included cost of travel (1) and that the process on the whole is complicated and very challenging (1).

Time off with pay is generally not provided (77.8% or n=14/18; missing=1) for employees while they are taking the program. However, some practicum hours were worked on paid time (1) and employees were allowed to use vacation pay (1).

Partnering with other employers to provide on-the-job training occurs about half the time (50.0% or n=9/18; missing=1). Examples include:

- When HHA also wants to obtain SCA part of the program they access the LTC facilities for their work experience (1).
- Have mentorship with 2 other SCA trainers and 1 LPN course (1).
- Training Seminar sharing between long term care homes (1).
- All program areas in district partner together (1).

4.1.4.3 On-the-Job Training Non-Certificate for Home Care Aides

Almost one-fifth (18.6% or n=8/43; missing=2) of employers with Home Care Aides (n=45) have participated in on-the-job non-certificate training. A majority (81.4% or n=35/43; missing=2) of employers have not participated in on-the-job training in the past. None of the employers surveyed are currently participating in non-certificate on-the-job training at this time. Examples of the non-certificate course offered include in-services and updates, day seminars, fire safety, lifting equipment training, CPR training and orientations.

When asked how satisfied in general these employers (n=8) were with this type of training to date, employers provided an average rating of 4.0. Almost half (44.4%) indicated they were very satisfied, 33.3% said they were satisfied, while 11.1% indicated they were not at all satisfied with their training. This is based on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied. No reasons for their level of dissatisfaction were given.

Instructors used for the on-the-job training were from a variety of sources. Over half of those instructors used in the past were from the employer's organization (62.5% or n=5/8), 12.5% (n=1/8) were from a training institution and 25% (n=2/8) were found from other sources.

Employee costs when enrolled in on-the job non-certification training include tuition, instructors, materials and other incidentals. Of the employers who have participated in on-the-job non-certificate training (n=8), 50.0% (n=4/8) paid their employees tuition costs, 25.0% (n=2/8) covered the costs of the instructors, 50.0% (n=4/8) covered materials and 37.5% (n=3/8) covered other costs such as the employees' salary.

Employers who have participated in on-the-job non-certificate training (n=8) provided an average rating of 4.0 regarding the appropriateness of the cost of this training on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral and 5 being very appropriate. Half of the employers who responded (50.0%) believe that the cost of these training programs to date were appropriate, another 25.0% considered the cost very appropriate.

Only one respondent expected their employees to cover any expenses (tuition, instructors, materials, travel or incidentals) when enrolled in on-the-job Home Care non-certificate training.

When asked how appropriate in general is the cost of to the employees for these training programs to date, respondents who have participated in on-the-job non-certificate training (n=8) provided an average rank of 4.25. Over one-third (37.5%) believed the costs were very appropriate, or appropriate (50.0%). This is based on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate.

Three-quarters (75.0% or n=6/8) of employers do not feel there needs to be any changes made to non-certificate on-the-job training programs. Of the 25.0% (n=2/8) who do, suggestions included receiving more funding from Saskatchewan Health (1).

Employers who have participated in on-the-job non-certificate training (n=8) were asked if prior learning/experience, also referred to as PLAR was adequately recognized for non-certificate programs. Two-thirds of these employers (66.7% or n=2/3; missing=5) feel it was adequately recognized. Of those who do, reasons included that they did not know what PLAR was or recognized learning experience but also needed to follow rules of health district. Of the employers that responded, 100% (n=2/2; missing=6) indicated that there were no barriers encountered by employees applying for PLAR.

Time off with pay is not provided by 100% (n=5/5; missing=3) of employers for employees while they are taking these programs. Of the employers who responded, 33% didn't know why employees were responsible for taking these courses on their own time, 50% just don't cover this, and the remaining 17% consider this training not to be separate from work duties – no time off was required because it was integrated into the job.

Partnering with other employers to provide on-the-job non-certificate training occurs about one-third of the time (37.5% or n=3/8). Examples include:

- Share instructors and information (2)
- It is all done through the health districts (1)
- Within the health district we move around with training (1)

All of the employers who responded (100% or n=8/8) will continue to provide training that does not result in a certificate. Reasoning includes constantly needing to review and update knowledge (4), it's required by Saskatchewan Health (1) and it is part of on-the-job training (1).

Two-thirds (66.7% or n=4/6; missing=2) of these employers believe that all non-certificate training will be recognized by other employers, while one-third (33.3% or n=2/6; missing=2) believe that only some of this type of training will be recognized by other employers. Reasons include:

- Knowledge is universal to our field so it should be recognized (3)
- Certified instructors provide training so there should be no problem (1)
- TLR training and any courses are set up by SAHO (1)
- Non-certificate training should be honoured within the same health district (1)

Half (50% or n=3/6; missing=2) of the employers believe that non-certificate training will be recognized by other health districts, while the other half believe only some of this training will be recognized. Reasons include the information is universal (2), and the employers have some requirements, at least within Saskatchewan (2).

4.1.4.4 Other Types of Training for Home Care Aides

Of those employers with Home Care Aides (n=45), almost half (40.5% or n=17/42; missing=3) indicated their employers who did not have a certificate when hired have received a relevant home care type certificate from a training institution other than through on-the-job training. The types of training included SIAST - HCA/SCA (6), First Aid (1), Pre-Employment Program (1) and Lakeland College (1). Over half (57.1% or n=24/42; missing=3) have not had Home Care Aides complete a home care certificate other than on-the-job training.

Almost half (47.7% or n=21/44; missing=1) of those employers with Home Care Aides require other formal updates/training throughout the course of their Home Care Aide's employment. These formal updates include:

- TLR (12)

- PART (5)
- WHMIS (4)
- CPR (3)
- Med assistance/administration (3)
- First Aid (2)
- Non-violent crisis intervention/(1)
- Annual recertification of eye drops, eardrops, etc.
- Completion on new modules (1)
- OH&S (1)
- Fire Safety (1)
- Diabetic training (1)

The majority (81.4% or n=35/43; missing=2) of the employers with Home Care Aides provide informal training, coaching, or one-on-one training for their Home Care Aides. Informal training includes "buddying up" for an orientation period (4), ongoing development, performance approvals and coaching (3), and having a staff educator who works 2.5 days per week (1).

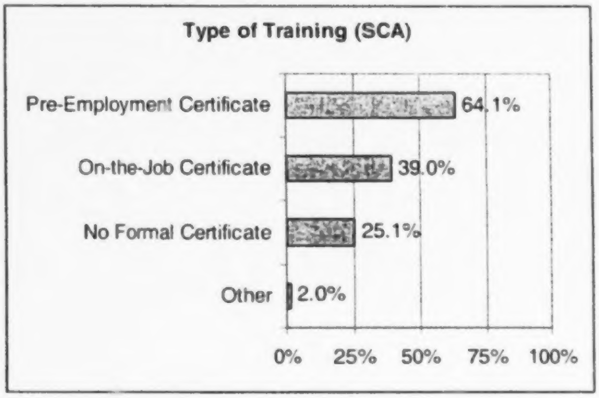
4.1.5 Skills and Training for Special Care Aides

Employers with Special Care Aides (n=66) were asked to indicate the top 5 knowledge areas required for this position. Of the employers who responded, it is believed that the top 5 knowledge areas required for a Special Care Aide are:

1. Personal care skills (bathing, toileting and transferring) (16)
2. Communication skills (10)
3. Understanding dementia (6) and communication (6)
4. Compassionate caring/treating clients with dignity (4)
5. Nutrition (4)

The minimum education and experience qualifications required when hiring Special Care Aides are: Certificate - Special Care Aide, Home Care, or Health Care Attendant, with Grade 10 or Grade 12 (31), Grade 12 or GED (5), Grade 10 (3), when hired must complete course within two years (5), currently no pre-requisite – will train anyone who applies (2), Grade 9 (2).

The following chart shows that employers with Special Care Aides (n=66) indicated an average of 64.1% (n=60; missing=6) of those in this position have a relevant certificate from a recognized training institute that was obtained prior to their employment. On average, 38.9% (n=39; missing=27) of those they employ have a relevant certificate from a recognized training institution that was obtained on-the-job. While 25.1% (n=30; missing=36) of Special Care Aides have no formal certificate, only 2% (n=6; missing=60) of staff are currently enrolled in the course on a part-time or correspondence basis, or have a lapsed LPN registration (6).



4.1.5.1 Pre-Employment Certificate for Special Care Aides

These employers (n=66) recognize several different programs when hiring Special Care Aides. The most recognized is the SIAST program HHA/SCA certificates (34), any training equivalent program in Canada (6), don't require any certification at all (4), any community college (3) and any SAHO-recognized training course (1).

Over half (58.1% or n=36/62; missing=4) of respondents with Special Care Aides (n=66) indicated that a recognized training certificate is a prerequisite to gaining Special Care Aide employment. Of those who do not require a certificate as a prerequisite to employment, 50.0% (n=13/26) of those employers require the employee to obtain a recognized certificate at some point throughout the course of their employment. These employers require certification within a range of 6 months to two years of joining their organization. A majority of the employers who responded (76.9% or n=10/13) require the Special Care Aide to become certified within two years. Of those who responded, employers asked their un-certified employees to complete the SCA/HCA certificate (7), the Personal Support Aide certificate (1), or the Food Handling Safety certificate (1). Their concerns are that new employees must have some training before commencing work as they don't always get it within two years (1).

4.1.5.2 On-the-Job Training Certificate for Special Care Aides

Almost half (41.9% or n=26/62; missing=4) of respondents with Special Care Aides (n=66) have participated in on-the-job training where employees have received a Special Care type certificate from a recognized training institution. Of the employers who have not participated in on-the-job training certification in the past (58.1% or n=36/62; missing=4), 75.0% (n=21/27; missing=9) do not plan to have this training offered in the future. None of the employees surveyed are currently participating this type of program at this time.

Of the programs these employers have participated in the past, the majority has been SIAST on-the-job training (19). Other programs include Health Care Aide certificate (3), Community College (1), and a Personal Support Aide course (1).

Employers who have participated in on-the-job training with a certificate (n=26) provided an average rank of 4.38 when asked in general about this type of training to date on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied. Over half of those who responded (58.3%) indicated they were very satisfied. No comments were provided at this time to express dissatisfaction.

Instructors used for the on-the-job training were from a variety of sources. Over half of those instructors used in the past were from the employer's organization (68.0% or n=17/25; n=1), 24% (n=6/25; n=1) were from the training institution and 8% (n=2/25; n=1) were found from other sources.

Employee costs when enrolled in on-the job certification training include tuition, instructors, materials and other incidentals. Of the employers who responded, 4 employers paid their employees' tuition costs, 6 covered the costs of the instructors, 4 provided course materials, and 9 paid for other costs. Other costs include classroom space (2), practicum hours (1), allowance (1) and meals (1).

Employers who have participated in on-the-job training with a certificate (n=26) provided an average rank of 3.54 (n=23; missing=3) when asked in general about the cost of the training programs to date on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 very appropriate. Over one-third of those who responded (34.8%), indicated they believed the costs were very appropriate. Of those who expressed dissatisfaction, reasons included costs are too expensive due to low wages (2).

Employee costs when enrolled in on-the job Special Care certificate training include tuition, instructors, materials and other incidentals. Of the employers who responded, 11 employers expected their employees to pay their own tuition costs, 4 expected employees to pay for the cost of the instructors, 11 cost of materials, 6 travel expenses and 8 expected their employees to cover any additional costs. Other costs include fees for practicum (2).

Employers who have participated in on-the-job training with a certificate (n=26) provided an average rank of 3.91 (n=23; missing=3), when asked in general about the cost to the employees for the training programs to date on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 very appropriate. Over one-third of those who responded (34.8%), indicated they believed the costs were very appropriate. Of those who expressed dissatisfaction, reasons included the training costs are too expensive (1).

Employers who have participated in on-the-job training with a certificate (n=26) were asked if they felt any changes needed to be made to the on-the-job training program. Over half (59.1% or n=13/22; missing=4) of those who responded did not feel any changes were necessary. Of those 40.9% (n=9/22; missing=4) who thought changes needed to be made to the curriculum, their comments included:

- Require more training on dementia (2)
- More supervision is required for the practicum (2)
- Re-examine medication components
- The cost of the course and the length of time
- Provide instructors
- More training for existing employees who have health care certificate
- Continuation course needs to offered more often

- More emphasis on documentation responsibilities

Employers who have participated in on-the-job training with a certificate (n=26) were asked if they felt there needed to be any additional supports/assistance that need to be provided by the training institution to facilitate on-the-job training. Over one-third of those who responded (36.4% or n=8/22; missing=4) believed additional support was needed. Suggestions included providing instructors (2), more training and workshops for palliative care (1), provide instructors who understand aboriginal issues (1) and offer pre-formatted lessons that are easy to evaluate (1).

Employers who have participated in on-the-job training with a certificate (n=26) were asked if prior learning/experience, also referred to as PLAR was adequately recognized. Almost half of those who responded (47.1% or n=8/17; missing=9) felt it was as employees can challenge certain modules (1). Of those who do not feel prior learning experience is adequately recognized (52.9%), reasons include a general lack of recognition for years of experience (1) and courses from other provinces are not recognized (1).

Two-thirds of these employers (68.4% or n=13/19; missing=7) do not feel there were any barriers encountered by employees applying for PLAR. Of those 31.6% (n=6/19; missing=7) who do, reasons included the cost of evaluating previous course content/determining equivalency (4) and that experience wasn't considered (1).

Time off with pay is generally not provided (95.2% or n=20/21; missing=5) for employees while they are taking the program. Comments included:

- Theory was all done on the students' own time, while some practicum hours were worked on paid time (2)
- Employer could only accommodate time for classes (2)
- 200 volunteer hours are expected for practicum, education leave, with shifts being worked into time for classes (1)
- Employees were allowed to use vacation pay (1)
  - Not required as students were paid to take the training by the government (1)
  - Students worked regular shifts and part of the shift was divided for training (1)

Partnering with other employers to provide on-the-job training occurs about one-third of the time (32.0% or n=8/25; missing=1). Comments about partnering include: employers are looking at the issue now (3), partnering currently taking place (3) and operate a fly-in reserve facility and therefore no one is available (1).

4.1.5.3 On-the-Job Training Non-Certificate for Special Care Aides

Of those employers with Special Care Aides (n=66), nine (14.8% or n=9/61; missing=5) have participated in on-the-job non-certificate training. A majority (83.6% or n=51/61; missing=5) of employers have not participated in on-the-job training certification in the past, nor will 94.9% (n=37/39; missing=12) of them conduct this type of training for Special Care Aides in the future. Only 1.6% (n=1/61; missing=5) of the employers surveyed are currently participating in non-certificate on-the-job training at this time.

Examples of the non-certificate courses offered include lifting equipment training (4), TLR (2), WHMIS (2), general in-services (2), fire safety (1), CPR training (1), PARTS (1), Restorative Eating Groups (1) and First Aid (1).

When asked how satisfied in general these employers who have participated in on-the-job non-certificate training (n=9) were with this type of training to date, they provided an average rank of 4.30. This is based on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.

Instructors used for the on-the-job training were from a variety of sources. A majority of those instructors used were from the employer's organization (66.7% or n=6/9), 11.1% (n=1/9) were from a training institution and 22.2% (n=2/9) were found from other sources.

Employee costs when enrolled in on-the job non-certification training include tuition, instructors, materials and other incidentals. Of the employers who responded, 6 employers paid their employees tuition costs, 5 covered the costs of the instructors, 6 provided course materials, and 7 paid for other costs. Other costs include employee's paid time (4) and wages for replacement workers (1). Employers who have participated in on-the-job non-certificate training (n=9) provided a rank of 4.30 when asked to rate in general how appropriate the cost of the training programs were to date. This is based on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate.

Employee costs when enrolled in on-the job Special Care Aide non-certificate training include tuition, instructors, materials and other incidentals. Of the employers who responded, 1 employer expected their employees to pay their own tuition costs, 1 expected employees to pay for the cost of the instructors, 2 for the cost of materials, 1 for travel expenses, and 2 expected their employees to cover any additional costs. When asked in general about the cost to the employees for the training programs to date on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate, employers who have participated in on-the-job non-certificate training (n=9) provided an average rank of 4.60.

Almost half (44.4% or n=4/9) of employers do not feel there needs to be any changes made to non-certificate Special Care Aide on-the-job training programs. Of those who do, suggestions include:

- Creation of videos for our lift and transfer program using our own equipment
- Updated more frequently
- More funding for education so we can bring instructors in from outside
- Some significant changes to make it more comprehensive
- Rehab skills need to be strengthened

Employers who have participated in on-the-job non-certificate training (n=9) were asked if prior learning/experience, also referred to as PLAR was adequately recognized for non-certificate programs. Three-quarters (75.0% or n=6/8; missing=1) of these employers feel PLAR is adequately recognized for non-certificate programs at this time. Comments include: education is recognized but not on pay scale – everyone starts the same (1), "that is what we look for in addition to their certificate" (1), students didn't know abut it, and never asked (1), it is used to see how committed the employee is (1), and it all counts into their experience (1). None of the employers who responded (n=7; missing=2) felt there were any barriers encountered by employees applying for PLAR.

Time off with pay is generally not provided (66.7% or n=4/6; missing=3) for employees while they are taking these programs. Those employers who do offer time off with pay refer to it as paid education leave (1).

Partnering with other employers to provide on-the-job non-certificate training occurs about one-third of the time (33.3% or n=3/9). Examples include:

- Employer is currently looking into it (2)
- Share instructors and information (1)
- Several facilities will get together for shared costs for a speaker (1)

All of the employers who have participated in on-the-job non-certificate training (n=9) will continue to provide training that does not result in a certificate. Reasoning includes constantly needing to review and update knowledge (3), it is required by the health district (1) and part of on-the-job training (2). Other comments indicated that a certificate is not needed for everything, as long as it is documented (1).

Almost one-quarter (22.2% or n=2/9) of these employers believe that all non-certificate training will be recognized by other employers, while two-thirds (66.7% or n=6/9) believe that only some of this type of training will be recognized by other employers. Only one respondent felt this training would not be recognized by other employers. When asked to explain their responses, reasons included:

- TLR training and any courses are set up by SAHO (1)
- Hard to say what others recognize (1)
- Employers still want a Special Care Aide certificate (1)
- Training should be recognized as there is a professional trainer conducting the seminars

One quarter (25.0% or n=2/8; missing=1) of the employers believe that all non-certificate training will be recognized by other health districts, while 62.5% (n=5/8; missing=1) believe only some of this training will be recognized. Only one respondent felt this training would not be recognized by other health districts. Reasons for their responses included: people still want a Special Care Aide certificate (1), not clear on what others recognize (1), we (employers) have same requirements so everything should be recognized (1) and there would be a reference check done when applying.

4.1.5.4 Other Types of Training for Special Care Aides

Of those employers with Special Care Aides (n=66), almost one-third (31.1% or 19/61; missing=5) indicate that those who did not have a certificate when hired, have received a relevant Special Care Aide type certificate from a training institution other than through on-the-job training. The types of training included SIAST - HCA/SCA (8), modules were completed at Community College in the area (1), some staff taking course on a part-time basis (1), SCA courses needed to be completed within 2 years as a condition of employment (2). Over half (67.2% or 41/61; missing=5) have not had Special Care Aides complete a special care certificate other than on-the-job training.

Over one-third (36.1% or n=22/61; missing=5) of those employers with Special Care Aides (n=66) require other formal updates/training throughout the course of their Special Care Aides' employment. These formal updates included:

- TLR (7)

- PART (5)
- CPR (4)
- WHMIS (3)
- Med assistance/administration (3)
- Recertification of First Aid (3)
- Crisis Intervention/(1)
- OH&S (1)
- Many optional classes/courses at our cost (1)

Over half (63.9% or n=39/61; missing=5) of the employers with Special Care Aides (n=66) provide informal training, coaching, or one-on-one training for their Special Care Aides. Informal training includes one-on-one training (9), in services (4), the training would be disease or patient specific (3), new equipment education (2), and education provided by the staff development officer (2).

4.1.6 Hiring of Graduates by Out-of-Province Employers

Sixteen out-of-province employers were interviewed for the survey. Of these respondents who manage facilities outside Saskatchewan, most (93.8% or n=15/16) have not hired graduates of the Saskatchewan Home Care/Special Care Aide training program. Reasons include: no one has applied (8), employer does not hire outside employees from off reserve (1), and population of bilingual not as high as eastern provinces (1). The one out-of-province respondent who has hired graduates of Saskatchewan training programs hired SIAST graduates. This respondent indicated they would continue to hire Saskatchewan graduates in the future as long as they have the training and education.

4.1.7 Barriers to Training

All employers (n=101) were asked what the felt the main barriers were for urban, rural and northern people to obtain Home Care/Special Aide training. Their comments included:

Urban	Rural	Northern Barriers
• Cost of program (53) • Lack of openings in training institutions (6) • Lack of time/family commitments (6) • Lack of Interest (3) • Travel (3)	• Cost of program (44) • Travel (29) • Distance/time to travel (16) • Availability/ access to training (15) • Lack of time (4)	• Cost of program (29) • Travel (22) • Proximity to training/ distance (16) • Access/availability of course (12) • Family commitments/ childcare (4)

4.1.8 Training Programs

All respondents (n=101) were asked, besides the training programs already previously mentioned, were they aware of any other Home Care/Special Care Aide pre-employment or on-the-job training currently offered in or outside Saskatchewan. Of the 23% (n=23/100; missing=1) who were aware of additional programs, they cited the following:

Within Saskatchewan

- Both Regina and Saskatoon Districts offer on-the-job training (2)
- Noticed ads for personal care aides for private colleges
- PART-SIAST, FIRST AID, CPR, CAN
- Manitoba-vocational college offers the SCA program
- Regina offers on-the-job in their facilities
- Alzheimer's society has a day workshop through Sask Health
- Classes at Centennial College
- Eastern region II Metis Association (certificate)
- Battlefords Tribal Council presently offering an on-the-job program that is not through Kelsey
- Health district delivers its own program in 2 Health Districts. One HC manager told me theirs was too costly to maintain and were phasing it out.

Outside of Saskatchewan

- Alberta has one, I believe (2)
- SIAST has a list of equivalents and there are several colleges
- Medicine Hat's program for nurse aide
- Project Cogent - 10 day program, education dedication
- French school division in Winnipeg has a program, DSFM, St. Boniface School Division Health Care Aide certificate
- Health care aid rehab, palliative care, caring for resident with dementia
- I can't think of any right now, but I know I have a list
- Home care has their own on the job

All respondents (n=101) were asked on a scale of 1 to 5, how well do the existing Saskatchewan training programs for Home Care/Special Care Aides meet the needs of employers. Employers provided an average ranking of 3.82 (n=94; missing=7), where 1 does not meet needs at all, 3 being neutral and 5 meets all needs. Comments included the training is good, but make it cheaper and more accessible, currently it is not convenient (4), students require and instructor/mentor on the job site as facility supervisors are too busy with their own jobs to provide good quality practicum experience (3) course requires more training in dementia (1),

Next, all respondents (n=101) were asked in their opinion, on a scale of 1 to 5, how well do the existing non-Saskatchewan training programs for Home Care/Special Care Aides meet the needs of employers. Employers provided an average ranking of 3.62 (n=65; missing=36), where 1 does not meet needs at all, 3 being neutral and 5 meets all needs. Comments included hasn't had an experience with out of province Special Care Aides (2), if recognized by SIAST – have found staff competent (2), depends on the school, some are excellent and others are much below standard (1), they don't do enough in some areas but they are suited well for hospitals (1) and wishes Care Aides could chart.

4.1.9 New Skills Areas

All employers (n=101) were asked what new skill areas, if any will be required over the next 5 years for Home Care and Special Care Aides. Based on these skill changes, what types of changes in training, if any will be needed over the next 5 years for each of these occupations. Their responses are as follows:

Home Care Aides

New Skill Areas:	Training Changes:
• Delegation of nursing tasks due to changing roles (8) • Behaviour management, dementia (5) • Distribution of medications (5) • Equipment – use of lifts, transfer aids, respirators (5) • Palliative care (4) • Basic physical assessment. (2) • More acute care • High population of seniors to deal with • Accountability, accurate documentation, legal liability.	• More education geared towards specified area (8) (no specific training suggestion) • More practicum, hands-on hours specifically on these issues (5) • Need to implement new information in existing course (4) • On-going, in-facility training, workshops (4) • Spend more time on issue during training (4) • Don't know/ no answer (3) • New modules in course (2) • Bringing in the agencies that work with the people • Certification so repeated supervision is unnecessary

Special Care Aides

New Skill Areas:	Training Changes:
• Behaviour triggers/dementia (9) • More intense medical knowledge of disease, acute, chronic conditions (9) • Conflict resolution (5) • Computer literacy/charting. (4) • Acute care component (4) • Geriatric issues (2) • Medication delivery (2) • Assessment skills (2) • Palliative care (2) • Equipment – lifting devices (1)	• More training in the specified area (22) (no specific suggestion as to training method) • On-site, in-facility training, workshops (7) • Don't know/ no answer (7) • Add new modules, classes to training (4) • Update current course content (3) • Focus on skill development, not so much bookwork (2) • More practicum/ hands-on hours (2) • Holistic approach/ new approaches to care (i.e. Eden) (2) • Experience prior to employment (1)

4.1.10 Transferability

Employers with Home Care Aides (n=45) and Special Care Aides (n=66) were asked to comment on the transferability of theses positions. On a scale of 1 to 5, with 1 being very difficult, 3 being neutral and 5 being not difficult at all, employers provided an average rank of 3.57 (n=45) when asked to rate how difficult it is for Home Care Aides to move to or transfer between employers within Saskatchewan. Employers rated Special Care Aides similarly, with an average rank of 3.85 (n=66) regarding the transfer between employers within Saskatchewan.

Comments regarding the transfer of Home Care Aides included: seniority issues/transfer of benefits (4), staff with certificates have no difficulty (those with only experience are restricted) (1), difficult as positions are union and permanent jobs are filled from within, leaving only casual position for the public to apply for (1), presently not difficult with shortages and portability of benefits with union contracts (1).

Comments regarding the transfer of Special Care Aides included: provincially it is hard to transfer (district wide it is not) (1) and union issues (1).

Using the same scale, employers provided an average rank of 3.44 (n=45) when asked to rate how difficult it is for Home Care Aides to move to or transfer between unions within Saskatchewan. Employers rated Special Care Aides similarly, with an average rank of 3.67 (n=66) regarding the transfer between unions within Saskatchewan.

Comments regarding the transfer of Home Care Aides included: seniority issues (3), unions do not reflect HHA work reality and are facility-focused (1), only recently is there provision to transfer seniority and benefits between them (1) and posting restrictions (1)

Comments regarding the transfer of Special Care Aides included: seniority and benefits issues (5) and posting restrictions (1).

Employers were also asked to rate how difficult is for Home Care Aides to transfer between Health Districts within the province of Saskatchewan. Home Care Aides were given an average rating of 3.61 (n=45), while Special Care Aides were given an average rating of 3.72 (n=66).

Comments regarding the transfer of Home Care Aides included: dependent on available positions in each district (1), dependent on certification and district (1), and dependent on representing union (2).

Comments regarding the transfer of Special Care Aides included: dependent on available positions (1), employee would start at the bottom (1) dependent on representing union (1) and depends on whether seniority is portable (1).

The difficulty in movement between employers within other provinces was also ranked. Home Care Aides received an average rating of 3.53 (n=45), while Special Care Aides received a similar rating of 3.57 (n=66).

Comments regarding the transfer of Home Care Aides included: difficult to compare courses and SIAST charges to do comparison (1), employee would lose their seniority (1), not sure if the same program is accepted (1) and depends on equivalencies (1).

Comments regarding the transfer of Special Care Aides included: union difficulties (1), recognition of certificate (4), because of there is no benchmark for training and no consistency (1), requirements and workload are different (1) and small towns hire people they know, so someone from outside would find it hard to get in (1).

Using the same scale, employers were asked to rank the difficulty between unions in other provinces. Employers gave a below average rating of 2.87 (n=45) to Home Care Aides and Special Care Aides received an average rating of 3.39 (n=66).

Comments regarding the transfer of Home Care Aides included: cannot transfer/ must start over with seniority and benefits (5), depends on posting and seniority provisions (1), and unions between provinces have no reciprocal agreements. Sometimes credit is given for previous experience when setting starting wage rate (1).

Comments regarding the transfer of Special Care Aides included: unable to transfer seniority – no portability (4) wouldn't recognize out of province training (1) and depends on posting and seniority provisions.

All of the employers surveyed (n=101) were asked if they felt many Home Care/Special Care Aides continued their education and branched into other occupations. Of those that responded, almost half (48.0% or n=48/100; missing=1) believed these employees branched into other occupations such as LPN or RPN/RN.

On a scale of 1 to 5, with 1 being very difficult, 3 being neutral and 5 being not difficult at all, employers provided an average rank of 3.16 (n=77; missing=24) when asked to rate how difficult it would be to use a Home Care/Special Aide certificate to ladder or transfer into other programs, such as LPN or RPN/RN. Comments from the employers included:

- Most classes not recognized, employee would basically be starting over (7)
- Would have to have prerequisites e.g. Grade 12 or Tech school (2)
- It would be difficult, as they don't get recognition for what they have already taken (2)
- I think it helps but not much credit is given (2)
- Haven't heard of any credits for resident attendant to go to LPN program (2)
- Requires dedication, motivation, commitment, and travel.
- A lot of people don't have the brainpower to do it
- Not a good bridging program right now
- Can only use when going for LPN
- I'm not sure if the LPN recognized other classes
- You have to lose seniority when transferring into other programs
- They do not have adequate prerequisites to be accepted into nursing health care, Aides have a hard time
- There would be chances to go in to upper areas, but depend on individual college requirements
- Not accessible we are in a very remote northern area

4.1.11 General Industry

Respondents were asked what they thought the most pressing general issues facing the Home Care (n=45) and Special Care (n=66) industries.

Home Care Issues	Special Care Issues
• Staffing/shortage of Home Care Aides (10) • Lack of funding from the government (6) • Providing the kind of care required for the heavier clients, increasing services (4) • Staff Retention (3) • Working less than full time, short hours and split shifts (3)	• Heavy/increased workload (9) • Increase of elderly population/increase of heavy care (8) • Not enough personnel/short supply of employees (6) • Lack of government funding (5) • Ageing workforce being injured on the job/high workers compensation (4)

Employers suggest the above-mentioned general issues can be resolved with the following industry changes:

- Hire/need more staff to address increased workload (11)
- Increased funding and resources (10)
- By further education/additional training including workshops and in-services (9)
- Lower tuition costs/subsidies offered to students (4)
- Recruit and train more people (4)
- Update curriculum to be more relevant to work (equipment, gerontology) (3)
- Better/more qualified staffing (2)
- Promotion and marketing that SCA course is a rewarding career (2)
- Government funding to improve staffing levels. Funding to improve education so it is more available to rural areas (2)
- Need more funding to provide full time positions and better pay (2)
- Employers are going to have to keep training on-the-job with no funds
- Need to train youngsters to care, respect, and feel responsible to older generation
- Unions and health authorities can play bigger roles
- Drop it (the course)
- Issues are being addressed through the TLR program
- Make sure people are interested before training
- More opportunities to bridge
- By increasing our charges to clients
- Allow private industry to be involved in health care

All respondents were asked what they thought the most pressing training issues facing the Home Care (n=45) and Special Care (n=66) industries.

Home Care Issues	Special Care Issues
• Ongoing training/enhancement of skills (8) • Accessibility of education (5) • Course costs (5) • Recruiting/retention (2) • The need for a common learning scale, where recognition is given from each province (1)	• Accessibility of education, especially in rural areas (6) • Continued education (4) • Shortage of qualified staff to hire (3) • Cost of program (3) • Students need more time with their instructor/mentor during practicum hours (2)

Employers suggest the above-mentioned training issues can be resolved with the following industry changes:

- Increase government funding for training (8)
- Easier access to education, lower cost (6)
- Better education and better enforcement (4)
- Better screening to "weed out" individuals who aren't interested or skilled in the training process or work environment (4)
- Offer larger classes and regionalized classes (4)
- Offer bursaries, scholarships, student loans and child-care (3)
- Start with the schools, introduce the field when they are young (3)
- More public information about available courses/workshops (2)
- Offering ongoing training i.e. OH&S and TLR (2)
- Increase government funding for wages
- Colleges need to ensure they train people with proper English communication skills. Most people can speak English but don't comprehend questions or needs of residents
- Time will resolve it – supply and demand
- Availability of training staff
- By licensing their association and upgrading standards
- More modules or expansion on them for dementia
- Hire more teachers and supervisors
- If Kelsey is going to have the monopoly it will be tough, if there was another equivalent course maybe
- Different instructors
- Overall rapport from training institutions and the SMA
- Be sure all programs are offered as scheduled
- More funding visits from specialists, more workshops

All employers (n=101) were asked which if any industry associations they currently belong to. Almost one-third, (30%) indicated they did not. Of those who belong to industry associations the majority of which hold membership with SAHO (19) and SRNA (8). Other memberships to industry associations include:

- SARC
- Registered Nurses Association
- Sask. Health Care Association
- Mental Health Association
- Canadian College of Health Services Executives
- Canadian Nurses Association of Canada
- Directors of Nursing Interest Group
- Director's Care Group, Advocated for Care

Out of province associations include:

- Manitoba Long Term Health Association (2)
- CRNN (College of Restored Nurses of Manitoba)
- Vancouver Community College Advisory Committee
- HEABC (Health Employees Association of B.C.)
- Personal Care Home Network Group
- MARN and MGEU
- Nursing Association of B.C.
- Catholic Heal Corporation of Manitoba

4.1.12 Key Findings

Key findings from the employer survey include the following points:

4.1.13 Demographic Overview

- In total, 101 employers were contacted by telephone between November 29 and December 18, 2001.
- Employers were from health districts (includes home care and acute care facilities)/long-term care facilities/community health centres/integrated facilities (76.3% or n=77/101); personal care homes (21.8% or n=22/101), or "other" (2.0% or n=2/101) which included employers who operated a blend of facilities.
- Approximately half of respondents (51.0% or n=50/98; missing=3) are rural, with 30.6% (n=30/98; missing=3) being urban, 16.3% (n=16/98; missing=3) from out-of-province, and 2.0% from northern locations (n=2/98; missing=3).
- The majority of employers (65.3% or n=66/101) have been in business over 16 years, followed by 6-15 years (25.7% or n=26/101).
- The majority of employers (56.4% or n=57/101) indicated they employ over 50 people, followed by less than 20 people (25.8% or n=26/101) and 21-50 people (17.8% or n=18/101).

- Of the employers surveyed 64.4% (n=65/101) are public sector organizations, 19.8% (n=20/101) are private organizations, and 15.8% (n=16/101) are from out-of-province. Of the public organizations, 10 are affiliates and 1 is a contract.

4.1.14 Employment Status – Home Care Aides

- Of the employers surveyed 45.5% (n=45/99; missing=2) currently employ Home Care Aide type positions. Of those employers who do not currently employ Home Care Aides (54.5% or n=54/99), 9.26% (n=5/54) currently have a need for these positions while 90.74% (n=49/54) do not.
- Those who employ Home Care Aides indicated the title "Home Care Aide" is used within 35.56% (n=16/45) of these organizations. Other titles used include Home Health Aide (19), Personal Care Aide (3), Care Givers (3), and Health Care Aides (3). The main duties of Home Care Aides include personal care (38), basic housekeeping (22), and meal preparation (15).
- All employers with Home Care Aides (n=45) were asked if they currently employ Home Care Aides on a full-time, part-time and casual basis. Twenty-one employers indicated they employ Home Care Aides on a full-time basis. The number of full-time Home Care Aides employed ranged from 2 to 50, with an average of 12.3 full-time staff per employer.
- Thirty-eight employers currently employ part-time Home Care Aides. The number of part-time Home Care Aides employed ranged from 2 to 150, with an average of 18.5 part-time staff per employer.
- Twenty-eight employers currently employ casual Home Care Aides. The number of casual Home Care Aides employed ranged from 1 to 35, with an average of 8.9 casual staff per employer.
- An average of 24.9 Home Care Aides are employed on a full-time equivalent basis. Of the 13 employers who currently employ full-time equivalents the range of staff is between 2 and 126 employees.
- Nineteen employers employ Home Care Aides of Aboriginal ancestry. This includes Status Indians, Non-Status Indians, Métis and Inuit peoples. Of those who have employees of Aboriginal descent, those staff average 8.2% of their current Home Care Aide staff.
- Home Care Aides often also work as Special Care Aides. The majority of respondents (62.2% or n=28/45) have Home Care Aides also working as Special Care Aides within their organization. Two-thirds (66.7% or n=30/45) of Home Care Aides work for other organizations as either Home Care Aides or Special Care Aides.
- The average age of Home Care Aides, of those employers who responded, is approximately 41 years of age. The range of ages regarding these Home Care Aides is between 30 and 55 years, with the most common age being 40 years.
- The majority of employers (73.3% or n=33/45) surveyed estimate that 100% of their Home Care Aide staff is female. Another 20% (n=9/45) believes the female percentage of Home Care Aides is between 90-99.9%. Only 4.4% (n=2/45) estimated their female Home Care Aide staff as being 50% or less.

- Almost half of respondents (44.4% or n=20/45) indicated they have no difficulty recruiting qualified Home Care Aides. Difficulties mentioned by the remaining 55.6% include lack of qualified candidates (8), inability to offer stable and regular hours (6), and low wages (5). Employers believe that these recruiting difficulties may be overcome with more training options and training availability (8), the ability to offer higher wages (4), regular shifts (3), and on-the-job training options (3).

- Of the employers with recruiting difficulties, it is believed that the most difficult type of position to recruit for is casual employment. Of those who responded, 73.9% (n=17/23; missing=2) believe recruiting casual staff is the most difficult.

- Of those employers who hire Home Care Aides 57.8% (n=26/45) have no difficulty retaining qualified staff. Difficulties listed by the remaining 42.2% (n=19/45) include not enough casual hours (10), leave for higher wages elsewhere (5) and dislike with the work (2). Retention difficulties are thought to be overcome via higher wages (3) and providing regular hours (3).

- In these employers' opinions 73.7% (n=14/19) believe casual employment is the most difficult to retain.

- Satisfaction among Home Care Aides jobs in general (full-time, part-time, and casual) is thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 3.78 (n=23; missing=22) for full-time employees, 3.88 (n=40; missing=5) for part-time employees, and 3.60 (n=33; missing=12) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.

- Satisfaction among Home Care Aides according to skill utilization (full-time, part-time, and casual) is also thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 4.0 (n=23; missing=22) for full-time employees, 4.15 (n=40; missing=5) for part-time employees, and 3.90 (n=32; missing=13) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.

- Employers believe the three job related concerns regarding Home Care Aides are: workload (7), varying hours and split shifting (7), and travel issues (7). The majority of employers with Home Care Aides (83.3% or n=35/42; missing=3) do not feel these concerns differ by employment status (i.e. full-time, part-time or casual status).

- The percentage of Home Care Aide positions that are believed to be filled by other occupations (i.e. LPN's, RPN's or RN's) is in the range of 1% to 20%. A majority of employers (64.3% or n=27/42; missing=3) do not believe any of their Home Care Aide positions are filled by other occupations.

4.1.15 Employment Status – Special Care Aides

- Of the employers who responded 67.3% (n=66/98; missing=3) currently employ Special Care Aide type positions in their organizations. Of the 32.7% (n=32/98; missing=3) of respondents who indicated they do not employ Special Care Aides, only one respondent indicated they have a need for this position in their organization.

- Those who employ Special Care Aides indicated the title "Special Care Aide" is used within 65.2% (n=43/66) of these organizations. Other titles commonly used include Health Care Aides (9), Caregivers (5), Nurses Aide (4) and Home Health Aide (2). The main responsibilities of Special Care Aides include total personal care (65), meals and/or feeding (18), and socializing/entertainment (5).

- All employers were asked if they currently employ Special Care Aides on a full, part-time and casual basis. Of the employers with Special Care Aides, 96.9% employ Special Care Aides on a full-time basis. The number of full-time Special Care Aides employed ranged from 1 to 125, with an average of 15.5 full-time staff per employer.

- Most employers (92.2%) currently employ part-time Special Care Aides. The number of part-time Special Care Aides employed ranged from 1 to 140, with an average of 18.7 part-time staff per employer.

- The majority of employers (79.7%) currently employ casual Special Care Aides. The number of casual Special Care Aides employed ranged from 1 to 61, with an average of 11.5 casual staff per employer.

- Less than half of employers (42.9%) currently employ full-time equivalent Special Care Aides. An average of 30 Special Care Aides are employed on a full-time equivalent basis. Of the 25 employers who currently employ full-time equivalents the range of staff is between 2 and 213 employees.

- Twenty-five employers (41.0% or n=25/61; missing=5) employ Special Care Aides of Aboriginal Ancestry. This includes Status Indians, Non-Status Indians, Métis and Inuit peoples. Of those who have aides of Aboriginal descent, those staff average 14.1% of their current Special Care Aide staff.

- Special Care Aides often also work as Home Care Aides. One-third of respondents (31.8% or n=21/66) have Special Care Aides also working as Home Care Aides within their organization. Over half (56.3% or n=36/64; missing=2) of Special Care Aides work for other organizations as either Home Care Aides or Special Care Aides.

- The average age of Special Care Aides, of those employers who responded, is approximately 39 years (n=62; missing=4). The range of ages regarding these Special Care Aides is between 25 and 50 years, with the most common age being 40 years.

- Just over half of respondents (53.0% or n=35/66) estimate that 100% of their Special Care Aide staff is female. Another 36.4% (n=24/66) believes the female percentage of Special Care Aides is between 90-99%. Only 4.6% (n=3/66) estimated their female Special Care Aide staff as being 50% female or less.

- Almost half of respondents (42.9% or n=27/63; missing=3) have no difficulty recruiting qualified Special Care Aides. Common difficulties experienced by the remaining 57.1% when recruiting include lack of education/not adequately qualified (17), lack of trained applicants looking for casual or part-time work (4), and inadequate wages (3). Of the employers who responded, it is believed many of these difficulties can be solved by implementing the following changes: offer more regular hours (5), find people more suited to the job or build dedication in employees (3), pay competitive wages/incentives (3), and improve prospective employees' understanding of the job (2).

- Casual Special Care Aide positions are thought to be the most difficult to recruit for by 78.1% (n=25/32; missing=4) of employers.

- Over two-thirds (69.7% or n=46/66) of those employers who hire Special Care Aides have no difficulty retaining qualified staff. Those with difficulties (30.3% or n=20/66) listed reasons such as not enough casual hours (9) and employees leave for higher wages elsewhere (5). It is believed retaining difficulties can be overcome by offering regular/guaranteed hours (2), paying competitive wages (2), offering more hours (2), and offering evening and weekend classes on a part-time basis (2).

- Of the employers who responded, 80.0% (n=16/20) believed that casual positions were the most difficult to retain.

- Satisfaction among full-time and part-time Special Care Aides is thought to be more satisfactory among the employers surveyed than casual Special Care Aides. Employers provided an average rating of 3.67 (n=64; missing=2) for full-time employees, 3.72 (n=62; missing=4) for part-time employees, and 3.07 (n=62; missing=4) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.

- Satisfaction among Special Care Aides according to skill utilization (full-time, part-time, and casual) is thought to be generally satisfactory among the employers surveyed. Employers provided an average rating of 4.05 (n=64; missing=2) for full-time employees, 4.13 (n=62; missing=4) for part-time employees, and 3.66 (n=62; missing=4) for casual employees. This is based on a scale of 1 to 5, with 1 being not at all satisfied and 5 being very satisfied.

- Employers believe the three job related concerns regarding Special Care Aides are: increased/heavy workload (26), salary/benefits issues (8), and shift-work (5). Concerns are not believed to be different because of employment status (78.8% or n=52/66).

- The percentage of Special Care Aide positions that are believed to be filled by other occupations (i.e. LPN's, RPN's or RN's) is in the range of 0.5% to 100%, with an average of 11.7%. A majority of employers (76.6% or n=49/64; missing=2) do not believe any of their Special Care Aide positions are filled by other occupations.

4.1.16 Skills and Training – Home Care Aides

- It is believed that the top 5 knowledge areas required for a Home Care Aide are: personal care skills (17), communication skills (10), understanding dementia (9), nutrition (5), and conflict resolution/working with people (4).

- Employers indicated an average of 71.7% (n=43; missing=2) of their Home Care Aides have a relevant certificate from a recognized training institute that was obtained prior to their employment. On average, 35.9% (n=28; missing=17) of those they employ have a relevant certificate from a recognized training institution that was obtained on-the-job, while 23.4% (n=18; missing=27) of Home Care Aides have no formal certificate.

- Pre-employment certificate for Home Care Aides:
  - Almost two-thirds (63.6% or n=28/44; missing=1) of those employers who responded indicated that a recognized training certificate is a prerequisite to gaining Home Care Aide employment. Of those who do not require a certificate as a prerequisite to employment, most respondents (87.5% or n=14/16) require the

employee to obtain a recognized certificate at some point throughout the course of their employment. A majority of the employers who responded (78.6% or n=11/14) require the Home Care Aide to become certified within two years.

- On-the-job training certificate for Home Care Aides:
    - Almost half (43.2% or n=19/44; missing=1) of the employers who responded have participated in on-the-job training where employees have received a Home Care type certificate from a recognized training institution. Of the employers who have not participated in on-the-job training certification in the past (54.5% or n=24/44; missing=1), 83.3% (n=15/18; missing=6) do not plan to have this training offered in the future.
    - When asked how satisfied in general these employers were with this training to date respondents provided an average rank of 4.18 (n=19) on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.
    - Over half of the instructors were from the employer's organization (61.1% or n=11/18; missing=1), 22.2% (n=4/18; missing=1) were from the training institution and 16.7% (n=3/18; missing=1) were found from other sources.
    - Of the employers who responded, 50% (n=4/8; missing=11) paid their employees tuition costs, 77.8% (n=7/9; missing=10) covered the costs of the instructors, half (50% or n=4/8; missing=11)) covered materials, while 81.8% (n=9/11; missing=8) paid for other costs. When asked how appropriate in general were the cost of training programs to date, employers provided an average rank of 4.32 (n=19) on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate.
    - Of the employers who responded 93.3% (n=14/15; missing=4) expected their employees to pay their tuition, 58.3% (n=7/12; missing=7) were expected to covered instructor costs, 85.7% (n=12/14; missing=5) were expected to pay materials costs and 100% (n=14/14; missing=5) believed employees should cover the costs of travelling. When asked how appropriate in general is the cost of to the employees for the training programs to date, respondents provided and average rank of 4.05 (n=19) on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate.
    - Over half of those who responded (61.5% or n=8/13; missing=6) felt PLAR was adequately recognized. Two-thirds of these employers (66.7% or n=8/12; missing=7) do not feel there were any barriers encountered by employees applying for PLAR.
- On-the-job training non-certificate for Home Care Aides:
    - Almost one-fifth (18.6% or n=8/43; missing=2) of the employers who responded have participated in on-the-job non-certificate training. A majority (81.4% or n=35/43; missing=2) of employers have not participated in on-the-job training in the past.
    - When asked how satisfied in general these employers were with this type of training to date, employers provided an average rating of 4.0 (n=8) on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.
    - Over half of the instructors used in the past were from the employer's organization (62.5% or n=5/8), 12.5% (n=1/8) were from a training institution and 25% (n=2/8) were found from other sources.

  - Of the employers who responded, 50.0% (n=4/8) paid their employees tuition costs, 25.0% (n=2/8) covered the costs of the instructors, 50.0% (n=4/8) covered materials and 37.5% (n=3/8) covered other costs such as the employees' salary. Employers provided an average rating of 4.0 (n=8) regarding the appropriateness of the cost of this training on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral and 5 being very appropriate.
  - Two-thirds of these employers (66.7% or n=2/3; missing=5) feel PLAR was adequately recognized for non-certificate programs. Of the employers that responded, 100% (n=2/2; missing=6) indicated that there were no barriers encountered by employees applying for PLAR.

- Other types of training for Home Care Aides:
  - Almost half (40.5% or n=17/42; missing=3) of the Home Care Aides hired who did not have a certificate when hired, have received a relevant home care type certificate from a training institution other than through on-the-job training.
  - The majority of the employers who responded (81.4% or n=35/43; missing=2) provide informal training, coaching, or one-on-one training for their Home Care Aides.

4.1.17 Skills and Training – Special Care Aides

- It is believed that the top 5 knowledge areas required for a Special Care Aide are: personal care skills (16), communication skills (10), understanding dementia (6) and communication (6), compassionate caring/treating clients with dignity (4), and nutrition (4).
- Employers indicated an average of 64.1% (n=60; missing=6) of their Special Care Aides have a relevant certificate from a recognized training institute that was obtained prior to their employment. On average, 38.9% (n=39; missing=27) of those they employ have a relevant certificate from a recognized training institution that was obtained on-the-job while 25.1% (n=30; missing=36) of Special Care Aides have no formal certificate.
- Pre-employment certificate for Special Care Aides:
  - Over half of respondents (58.1% or n=36/62; missing=4) indicated that a recognized training certificate is a prerequisite to gaining Special Care Aide employment.
  - Of those who do not require a certificate as a prerequisite to employment, 50.0% (n=13/26) of those employers require the employee to obtain a recognized certificate at some point throughout the course of their employment. A majority of the employers who responded (76.9% or n=10/13) require the Special Care Aide to become certified within two years.
- On-the-job training certificate for Special Care Aides:
  - Almost half of respondents (41.9% or n=26/62; missing=4) have participated in on-the-job training where employees have received a Special Care type certificate from a recognized training institution. Of the employers who have not participated in on-the-job training certification in the past (58.1% or n=36/62; missing=4), 75.0% (n=21/27; missing=9) do not plan to have this training offered in the future.

  - Employers provided an average rank of 4.38 (n=26) when asked in general about this type of training to date on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
  - Over half of the instructors used in the past were from the employer's organization (68.0% or n=17/25; n=1), 24% (n=6/25; n=1) were from the training institution and 8% (n=2/25; n=1) were found from other sources.
  - Of the employers who responded, 4 employers paid their employees' tuition costs, 6 covered the costs of the instructors, 4 provided course materials, and 9 paid for other costs. Employers provided an average rank of 3.54 (n=23; missing=3) when asked in general about the cost of the training programs to date on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 very appropriate.
  - Of the employers who responded, 11 employers expected their employees to pay their own tuition costs, 4 expected employees to pay for the cost of the instructors, 11 cost of materials, 6 travel expenses and 8 expected their employees to cover any additional costs. Employers provided an average rank of 3.91 (n=23; missing=3), when asked in general about the cost to the employees for the training programs to date on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 very appropriate.
  - Almost half of those who responded (47.1% or n=8/17; missing=9) felt PLAR was adequately recognized. Two-thirds of these employers (68.4% or n=13/19; missing=7) do not feel there were any barriers encountered by employees applying for PLAR.

- On-the-job training non-certificate for Special Care Aides:
  - Only 14.8% (n=9/61; missing=5) of the employers who responded have participated in on-the-job non-certificate training. A majority (83.6% or n=51/61; missing=5) of employers have not participated in on-the-job training certification in the past, nor will 94.9% (n=37/39; missing=12) of them conduct this type of training for Special Care Aides in the future.
  - When asked how satisfied in general these employers were with this type of training to date, employers provided an average rank of 4.30 (n=9) on a scale of 1 to 5 where 1 is not at all satisfied and 5 is very satisfied.
  - A majority of the instructors used were from the employer's organization (66.7% or n=6/9), 11.1% (n=1/9) were from a training institution and 22.2% (n=2/9) were found from other sources.
  - Of the employers who responded, 6 employers paid their employees tuition costs, 5 covered the costs of the instructors, 6 provided course materials, and 7 paid for other costs. Employers provided a rank of 4.30 (n=9) when asked to rate in general how appropriate the cost of the training programs were to date. This is based on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate.
  - Of the employers who responded, 1 employer expected their employees to pay their own tuition costs, 1 expected employees to pay for the cost of the instructors, 2 for the cost of materials, 1 for travel expenses, and 2 expected their employees to cover any additional costs. When asked in general about the cost to the employees for the training

programs to date on a scale of 1 to 5 where 1 is not at all appropriate and 5 is very appropriate, employers provided an average rank of 4.60 (n=9).

  - Three-quarters (75.0% or n=6/8; missing=1) of these employers feel PLAR is adequately recognized for non-certificate programs at this time. None of the employers who responded (n=7; missing=2) felt there were any barriers encountered by employees applying for PLAR.

- Other types of training for Special Care Aides:
  - Almost one-third (31.1% or 19/61; missing=5) of the Special Care Aides hired who did not have a certificate when hired, have received a relevant home care type certificate from a training institution other than through on-the-job training.
  - Over half of the employers who responded (63.9% or n=39/61; missing=5) provide informal training, coaching, or one-on-one training for their Special Care Aides.

4.1.18 Barriers to Training

- All employers were asked what the felt the main barriers were for urban, rural and northern people to obtain Home Care/Special Aide training. The top three concerns included:
  - Urban: cost of program (53), lack of openings in training institutions (6), and lack of time/family commitments (6)
  - Rural: cost of program (44), travel (29), and distance/time to travel (16)
  - Northern: cost of program (29), travel (22), and proximity to training/distance (16)

4.1.19 Training Programs

- All respondents were asked how well do the existing Saskatchewan training programs for Home Care/Special Care Aides meet the needs of employers. Employers provided an average ranking of 3.82 (n=94; missing=7), where 1 does not meet needs at all, 3 being neutral and 5 meets all needs.
- All respondents were also asked how well do the existing non-Saskatchewan training programs for Home Care/Special Care Aides meet the needs of employers. Employers provided an average ranking of 3.62 (n=65; missing=36), where 1 does not meet needs at all, 3 is neutral and 5 meets all needs.

4.1.20 New Skills Areas

- All employers were asked what new skill areas, if any will be required over the next 5 years for Home Care and Special Care Aides and what types of changes in training will be required to meet these new skill areas. The top responses included:
  - Home Care Aides: New skills areas include: delegation of nursing tasks due to changing roles (8), behaviour management, dementia (5), distribution of medications (5), and equipment (5). Training changes include: more education geared towards specified area (8), more practicum, hands-on hours specifically on these issues (5), need to

implement new information in existing course (4), on-going, in-facility training, workshops (4), and spend more time on issue during training (4).

- Special Care Aides: New skills areas include: behaviour triggers/dementia (9), more intense medical knowledge of disease, acute, chronic conditions (9), and conflict resolution (5). Training changes include: more training in the specified area (22), on-site, in-facility training, workshops (7), and add new modules, classes to training (4).

4.1.21 Transferability

- Transferability is generally not seen as an issue. Respondents provided the following average ranks for Home Care Aides:[62]
  - Employers within Saskatchewan: 3.57 (n=45)
  - Unions within Saskatchewan: 3.44 (n=45)
  - Health Districts within Saskatchewan: 3.61 (n=45)
  - Employers within other provinces: 3.53 (n=45)
  - Unions within other provinces: 2.87 (n=45) (Note: below average rating.)
- Respondents provided the following average ranks for Special Care Aides:[63]
  - Employers within Saskatchewan: 3.85 (n=66)
  - Unions within Saskatchewan: 3.67 (n=66)
  - Health Districts within Saskatchewan: 3.72 (n=66)
  - Employers within other provinces: 3.57 (n=66)
  - Unions within other provinces: 3.39 (n=66)
- All of the employers surveyed were asked if they felt many Home Care/Special Care Aides continued their education and branched into other occupations. Of those that responded, almost half (48.0% or n=48/100; missing=1) believed these employees branched into other occupations such as LPN or RPN/RN.

4.1.22 General Industry

- The top issues for the Home Care industry include: staffing/shortage of Home Care Aides (10), lack of funding from the government (6), and providing the kind of care required for the heavier clients, increasing services (4). The top issues for the Special Care industry include: heavy/increased workload (9), increase of elderly population/increase of heavy care (8), and not enough personnel/short supply of employees (6).
- The most pressing training issues for the Home Care industry are seen as: ongoing training/enhancement of skills (8), accessibility of education (5), and course costs (5). The most pressing training issues for the Special Care industry are seen as: accessibility of education, especially in rural areas (6) and continued education (4).

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[62] Based on a scale of 1 to 5, with 1 being very difficult, 3 being neutral and 5 being not difficult at all.

[63] Based on a scale of 1 to 5, with 1 being very difficult, 3 being neutral and 5 being not difficult at all.

4.2 Employee Survey

In total, 100 employees were contacted by telephone between November 29 and December 14, 2001. A copy of the Employee Survey used is found in **Appendix H**.

The employer survey covers a number of areas including:

- Job and Employer Information
- Recruitment
- Retention
- Skills and Training
- Barriers to Training
- Training Programs
- New Skills Areas
- Transferability
- Demographic Overview

These areas are further subdivided by industry if Home Care Aide and Special Care Aide employees answered survey questions separately. The number of employees responding to each question has been shown in brackets where applicable. The results of the employee survey are provided in the following subsections.

4.2.1 Job and Employer Information

Of the employees interviewed (n=100), 70% (n=70/100) indicated they are currently employed as Special Care Aides, 28% (n=28/100) are employed as Home Care Aides, and 2% (n=2/100) are employed as both. Some of the alternate titles being used include:

- Home Health Aide,
- Daily Living Assistant,
- Nurse's Aide,
- Group Activity Aide

4.2.1.1 Home Care Aides

Of those hired as Home Care Aides (n=30), the majority are hired into part-time positions (63.3% or n=19/30), while 23.3% (n=7/30) are casual positions, and 16.7% (n=5/30) are full-time positions.[64]

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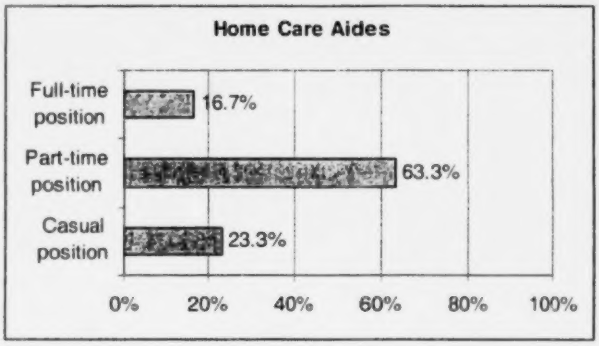
[64] The total may exceed 100 if respondents provided more than one answer.



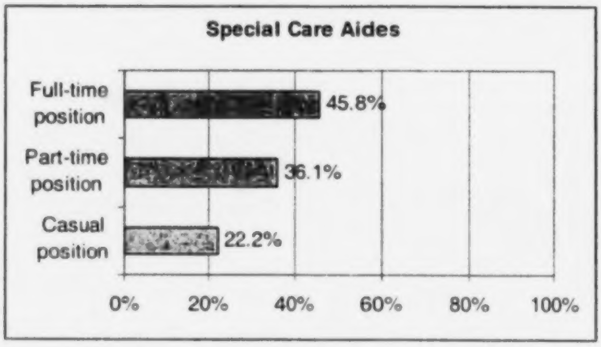
N=30

On average, Home Care Aides (n=30) work 25.5 hours per week with the range being 1-40 hours per week. The majority feel this is on target (66.7% or n=20/30) while the remaining feel it is below (33.3% or n=10/30) the number of hours they wish to work. Those who stated "below" (n=10) indicated they would prefer an overall average of 33.6 hours per week (n=9; missing=1),[65] with some of the reasons including:

- I would like to work full-time but hours are not available (5)
- On bottom of seniority list (2)
- I don't take on part-time work because there is so much uncertainty – it is unpredictable and I didn't get paid for what I did

4.2.1.2 Special Care Aides

Of those employed as Special Care Aides (n=72), almost half are hired into full-time positions (45.8% or n=33/72), while 36.1% (n=26/72) are hired into part-time positions, and 22.2% (n=16/72) are hired into casual positions.[66]



N=72

On average, Special Care Aides (n=72) work 31.5 hours per week with the range being 2-46 hours per week. The majority feel this is on target (75.0% or n=54/72) with the hours they wish to work, while 20.8% (n=15/72) feel it is below and 4.2% (n=3/72) feel it is above what they wish to work. Those who stated "above" (n=3) indicated they would prefer an average of 33.5 hours per week (n=2; missing=1), with some of the reasons including:

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[65] Missing values represent the number of respondents who should have answered the question but did not because they declined or did not know the answer.

[66] The total may exceed 100 if respondents provided more than one answer.

- To make more money
- Would only like to work about 37 hours but need the full-time benefits
- Permanent part-time not enough hours

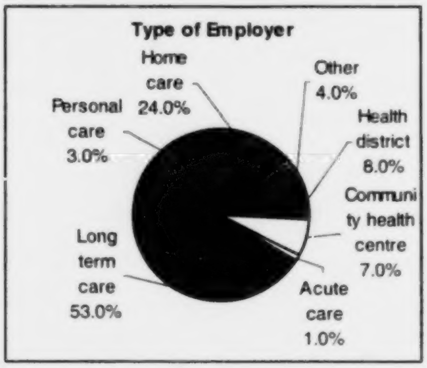
Those who stated "below" (n=15) indicated they would prefer an average of 36.3 hours per week (n=9; missing=6), with some of the reasons including:

- Would like full-time (5)
- Lack of full-time positions (2)
- I'd like to work full-time but I don't have the seniority (3)
- I'd like to make more money
- Nature of the business – have to put in too many bodies in order to have coverage

4.2.1.3 General Information

All respondents (n=100) were asked they work for more than one employer. Seven percent (n=7/100) answered "yes," with the average number of employers being 2.29 (n=7). These respondents were asked to respond to the remainder of the survey using information from their primary job and primary employer.

The following chart shows that the majority of primary employers are long term care facilities (53.0% or n=53/100) followed by home care (24.0% or n=24/100). Responses for "other" included long-term, acute care facility (2), hospital, and personal care home, long-term facility.



N=100

Most employers are in the public sector (89.0% or n=89/100) with the remaining being in the private sector (11.0% or n=11/100). Those who indicated they are in the public sector are members of the following unions:

- CUPE (46)
- SEIU (36)
- None (7)
- SAHO (4)

- SGEU (3)
- Don't know (2)
- District Health (1)

The majority of employees (71.0% or n=71/100) indicated their primary job is as Special Care Aide, with 45.1% (n=32/71) indicating this position is full-time, 33.8% (n=24/71) indicating part-time, and 21.1% (n=15/71) indicating casual. The remaining 29.0% (n=29/100) of employees indicated their primary job is as Home Care Aides, with 20.7% (n=6/29) indicating this position is full-time, 65.5% (n=19/29) indicating part-time, and 13.8% (n=4/29) indicating casual. On average, respondents have been in their primary job for 5.89 years with the range being less than 1 year to 20 years (n=100). Respondents describe their primary job responsibilities as:

- Basic daily personal care, including bathing, toileting, feeding, dressing, lifting, home management, and reassurance checks (85)
- Basic daily personal care as above, but indicted medication (13)
- Personal care in a secure dementia unit. All aspects of personal care, bathing, dressing, feeding, etc. (5)
- Personal care to people in their own homes (4)
- Total health needs and care of level 3 & 4 geriatric patients (mostly level 4) (3)
- General daily living and cleaning for the elderly on a reserve (13 homes, Canoe Lake Band)
- Assistant to the administrator, long-term care billing, acute billing, payroll
- Daily living activities for the severely handicapped stroke and heart attack victims and debilitating diseases.

On average, respondents have been with their primary employer for 6.76 years with the range being less than 1 year to 23 years (n=99; missing=1). Employees indicated they held the following positions in their primary workplace prior to their primary job:

- Moved from kitchen, dietary, housekeeping, or laundry (11)
- Home care (2)
- Was in nursing home prior to transferring to hospital
- Activity director
- Hairdressing
- Had a relief position and then got part-time
- Group home
- Altogether different field
- Food services (6 years), nurse's aide (2 years)
- Volunteer work
- Nurse's aide without certificate

On average, respondents have worked in the Home Care/Special Care Aide industry for 6.56 years with the range being 0.5-20 years (n=100). They indicated they have changed jobs an average of 0.77 times with the range being 0-6 times (n=100). It should be noted that almost two-thirds of respondents (66.0% or n=66/100) indicated they have never changed jobs.

4.2.2 Recruitment

All respondents (n=100) were asked about recruitment issues at their primary workplace. Over half of employees (54.0% or n=54/100) do not feel it is difficult to recruit qualified Home Care/Special Care Aides to their primary workplace. Those who indicated it is difficult feel it is most difficult to recruit casual employees (84.8% or n=39/46) or full-time employees (15.2% or n=7/46). This is because:

4.2.2.1 Full-Time

- There are no just days or just evening positions available. Have to be able to work both shifts
- Because there are few full-time positions – mostly part-time and casual
- Full-time positions are the most rare since you can only bid when someone leaves
- Turnover rate is incredible – can't seem to hire as many people as we need – some take Home Care Aide courses and then never use it
- There are not many qualified Home Care Aides available for full-time

4.2.2.2 Casual

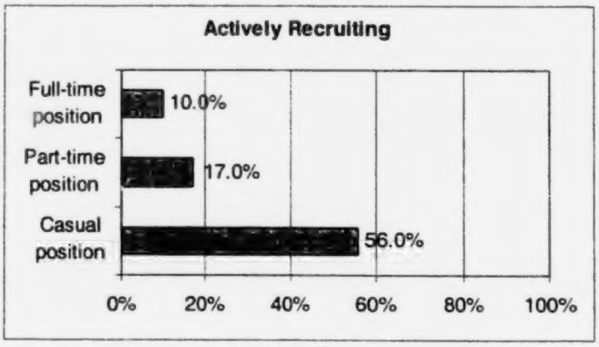
- No guaranteed hours (34)
- Don't get paid enough for your work. It's hard finding people with the right personalities. It's not for everybody (2)
- No full-time positions are recruited for – filled from within (2)
- Stipulation that they want Home Care Aide course scares employees away because of cost – they don't even try out for it
- It's mandatory to have Special Aid course – costs are up. You can be a casual for 6-7 years – no guarantees so you have to work one or more jobs
- Boss doesn't advertise a lot. Not a lot of Special Care Aides out there looking for jobs.
- Lack of people with courses available in the district.
- With casual hours there is not enough to pay the bills
- No full-time positions are available
- Not enough hours available so casuals have other positions and then are not available when we need them
- Lack of hours – so casuals have no sense of commitment
- We do not hire full-time. You work your way up there. Casual have no guaranteed hours so work in more than one facility
- Home care – no guarantee that you will have the same client base
- Casual employees have way too many rights. They can refuse, they don't show up
- The young new girls don't seem to want any hours
- Because the work load is too heavy

When asked what could be done to overcome these recruitment difficulties, most indicated:

- More full-time or part-time guaranteed hours (13)
- No solution – not with current state of health care (7)

- I don't know (6)
- Sponsoring people through programs, that is, funding their training (4)
- Hire more qualified staff (4)
- Better management (3)
- Increase government funding (2)
- By getting more people interested in doing this work so they are more dedicated (2)
- Boosting morale makes big difference in who works there and who stays. Some older ones are quite mean to younger employees
- Don't ask for a Home Care Aide certificate
- Try and keep casuals on – they need another occupation to make a living. Flexibility, benefits should be good – wages too. After all, a lot of heavy lifting, etc.
- Hours are given according to seniority.

The greatest number of employees indicated their workplace is actively recruiting casual employees (56.0% or n=56/100) followed by part-time employees (17.0% or n=17/100) and full-time employees (10.0% or n=10/100).[67] These responses are shown in the following chart.



N=100

4.2.3 Retention

All respondents (n=100) were asked about retention issues at their primary workplace. The majority of employees (60.6% or n=60/99; missing=1) do not feel it is difficult to retain qualified Home Care/Special Care Aides in their primary workplace. Those who indicated it is difficult feel it is most difficult to retain casual employees (97.4% or n=38/39) or part-time employees (2.6% or n=1/39). This is because:

4.2.3.1 Part-Time

- They don't get enough hours and move on to something else

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[67] The total may exceed 100 if respondents provided more than one answer.

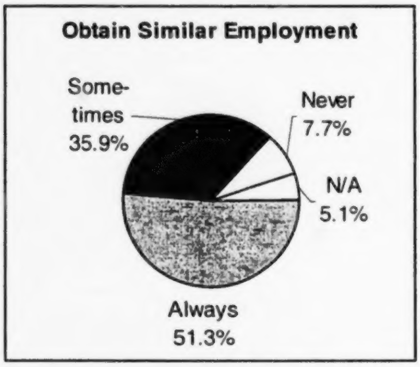
4.2.3.2 Casual

- Lack of guaranteed hours (34)
- Because there is not enough hours to sustain a family. A lot of casuals take on other jobs and then are not available when called (3)
- Type of hours. A lot of evenings and weekends are involved for casuals (2)
- Not enough hours so girls work in 2 or 3 facilities
- Workload is too heavy, inconsistent hours
- In danger of being taken over by higher qualified people

When asked what could be done to overcome these retaining difficulties, most indicated:

- Change scheduling procedures (20)
- I guess we need more access to adequate funding (8)
- Don't know (2)
- Look more carefully at what is available for staff vs. client needs.
- Better ladder or bridging process
- Need guaranteed hours
- More even sharing of hours so some people do not have to work all evenings and weekends
- Creative problem solving rotations in area – greater quantity of hours in each rotation
- Call in part-times more often instead of the casuals – when part-times called in, they have to have 3 hours and casuals don't – might be remedied
- Strict contracts and a management with a backbone
- More training, more consistent hours, more support from staff and management
- It can't be. It's not like working in an old folks' home. The nature of the clientele makes it unpredictable
- Just hire the people that want to work

Respondents who feel it is difficult to retain qualified workers in their workplace were asked when employees leave their jobs if they always, sometimes, or never obtain employment with a similar type of employer. The following chart shows that most feel they always do (51.3% or n=20/39) or sometimes do (35.9% or n=14/39) followed by never (7.7% or n=3/39) and not applicable (5.1% or n=2/39).



N=39

If they responded "sometimes" or "never," employees indicated they go to the following types of jobs or employers:

- Move within field to guarantee a paycheque (hospital, housekeeping, senior's lodge) (10)
- Move to jobs outside field (teacher's aide, restaurant, clerical) (2)
- Don't know (2)
- Upgrade to LPN or retire
- Anywhere at all there's work
- May go into something less demanding such as housekeeping

Employees feel that most leave because:

- Not enough hours available to guarantee a paycheque (23)
- Poor management (3)
- Stress of scheduling – travel. Not enough time to get from one appointment to another
- Understaffed, so workload is very heavy. Residents can be demanding
- Costs of training, demanding and often depressing work
- To keep their families afloat they need to have the hours and a paycheque
- Lack of hours available and they are working more than 1 job
- People get tired, sore, burnt out. Power struggle between nurses and Special Care Aides
- Overworking or don't have education

Employees provided an average rank of 4.08 (n=100) when asked to rate their job satisfaction on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied. When asked to explain their rating, respondents indicated:

- I like/love my job (55)
- Workload is too heavy. We can't provide the quality of care we want to or are trained to (9)
- I like the job, just not all the people I work with (8)
- I like my job but lack of staff and funding puts a lot of pressure on us (5)
- I love working with these type of residents, but I'm not completely satisfied with management (i.e. getting time off) (5)
- I like working in long-term care and with elderly people, but I hate shift work (4)
- I like the job, but not the minor details traveling and scheduling time (3)
- I like my job but find that shift work is very hard on me because of child care
- I like what I do but it may be time for a change (2)
- I like the work but we need to use our own car and we don't get enough mileage or car allowance
- I like working with people. Good routine and well-organized. We are not rushed through our work
- Because it's a job where you get to do the best you can to help people stay in their own homes. We have good staff relations
- I like the job I do – although there are not enough staff
- Love it. I didn't realize I enjoy the elderly until I worked there. Home, family environment – you see them as adopted members of your family
- Don't like 6 week rotation of evenings as I am a single parent
- Working full-time hours but not full-time benefits

- Close to home, no traveling, good hours. Work on the reserve, so good salary
- Either feast or famine. Never know what monthly wage, part-time. If full-time, almost more than can be handled

Those who provided an average rank of 1 or 2 were asked to indicate if there is anything specific the employer could do to ensure they stay. These responses included:

- Increase staff and provide more ongoing education
- Providing better quality of workers, more hours less restrictive of work we can do
- Treat staff better
- Get me more hours
- Value my opinion
- Don't cut staff
- Communication support, encouragement

Using the same scale, respondents were asked to rate how satisfied they are with the extent to which their skills are being utilized in their primary job. Employees provided an average rank of 4.26 out of 5 (n=100). Those who provided an average rank of 1 or 2 were asked to explain their rating. These responses included:

- People skills were not used at all
- I use what I learned on the job most of the time
- Not enough time to properly use our skills – we take short-cuts
- I was taught a lot I cannot use like meds, etc.
- Most skills are used all the time
- I have palliative training and it is not being used
- Don't make use of skills like temps and blood pressure. We just make beds – everything else all goes to the nurses including scrapes, etc. We just change and feed them
- Because I have a lot more skills than what I use with dementia patients. What we do is more of a routine thing
- Management runs the facility. They take no input from Special Care Aides only nurses

All respondents (n=100) were asked to indicate their top three related job concerns. These included:

- Understaffing and time pressures (84)
- No response (33)
- Shifts – Lack of full-time hours/seniority (32)
- Management issues – hiring, dealing with and supporting staff, morale issues (31)
- Safety/security of workers, clients (including access to appropriate equipment) (30)
- Wages/pension (20)
- Travel using own vehicle – allowance, winter safety (18)
- Physical workload – lifting, personal injury (13)
- Job security (12)
- Government cutbacks (8)
- Underused skills (4)
- Conflict issues with residents/clients (3)

- Qualifications of employees (3)
- Dispensing medication (3)
- Gaps in service because of changing system (3)
- On-the-job education – and informing people of this (2)
- Client assessment (1)

When all respondents (n=100) were asked if Home Care/Special Care Aide positions at their primary workplace are being filled by other occupations such as LPN's or RPN's/RN's, the majority (76.0% or n=76/100) responded "no." Those who responded "yes" were asked to indicate if this is a concern. These responses included:

- Not a concern to me (15)
- No LPN positions available and they need to keep their skills up as well
- LPNs are more qualified than us and need to practice their skills as well
- LPN has SCA position, when needed to fill LPN position she is pulled to do LPN work. This is very disruptive, as a casual has to be called in to cover for her
- Yes, because it devalues the importance of my training – not valuable now – takes 10 years to get into my position and then taken over

4.2.4 Skills and Training

All respondents were asked to provide the top five knowledge areas required for Home Care Aide (n=30) and Special Care Aide (n=72) positions. The main ones include:

4.2.4.1 Home Care Aides

- Communication (28)
- Personal care (26)
- Nutrition (18)
- Ongoing learning – in areas such as First Aid, medical knowledge, rehabilitation (8)
- Compassion (7)
- Dementia (6)
- Gerontology issues (6)
- Team player (5)
- Housekeeping (5)
- Physical ability (5)

4.2.4.2 Special Care Aides

- Communication (57)
- Personal care (52)
- Compassion/patience/understanding (51)
- Dementia (29)
- Qualified staff (18)
- Nutrition (17)

- Physical ability (14)
- Transfers/lifting (13)
- Team player (10)
- Assessment of physical condition (10)
- Ongoing learning – in areas such as First Aid, medical knowledge (8)
- Work habits (8)
- Gerontology issues (5)

4.2.4.3 Training Certificate

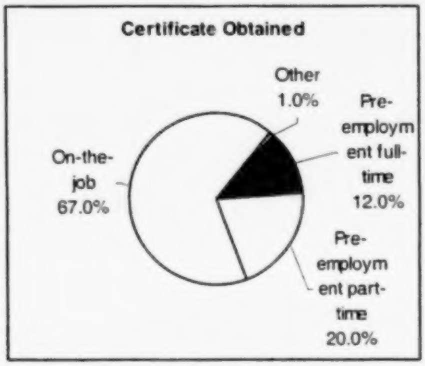
All respondents (100.0% or n=100/100) indicated they have a Home Care/Special Care Aide type certificate. Employees were asked to indicate which certificate they have, from what training institution, and the year received. The following table summarizes their responses:

Number of Responses	Certificate	Training Institution	Year
35	Home Care/ Special Care Aide	SIAST	1993 (2), 1994, 1995 (3), 1996 (10), 1998 (8), 1999 (9), 2000, 2001
35	Special Care Aide	SIAST	1993, 1994, 1995 (2), 1996 (11), 1997 (9), 1998 (2), 1999 (4), 2000, 2001 (4)
14	Home Health/ Special Care Aide	SIAST	1997 (11), 2000 (3)
9	Home Care Aide	SIAST	1994, 1996 (2), 1997 (3), 1998 (2), 1999
6	Personal Care Aide	Saskatoon Business College	2000 (4), 2001 (2)

N=99; missing=1

The majority of respondents (71.7% or n=71/99; missing=1) indicated their certificate enables them to work as both a Home Care/Special Care Aide (i.e. dual certificate). Of the remaining respondents, 21.2% (n=21/99; missing=1) indicated their certificate is for special/long term care only and 7.1% (n=7/99; missing=1) indicated their certificate is for home care only.

The following chart shows that two-thirds of employees with a certificate obtained it on-the-job (67.0% or n=67/100), followed by pre-employment (32.0% or n=32/100).



N=100

Employees with a certificate (n=100) provided an average rank of 4.41 when asked to rate the satisfaction with their training on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied. When asked to explain their rating, responses included:

- Good information was presented, thorough coverage of material, knowledgeable teachers (44)
- I got an education while I was working, so I get an education and income at the same time (14)
- Course not related to "real world", too much theory or useless coursework (cleaning walls, toilets) (11)
- Previous experience not acknowledged – many courses not needed, practicum could have been shortened, classes "a breeze" (7)
- On the job – so it was hands-on, very practical. Good practicum hours (5)
- Theory was applicable to the practical (3)
- Needed more hands-on work. Not so much book work
- Taking the course on the job allows you to do what you learn – so you really grasp the material
- I went to Sherbrooke – most was done in book and connected weekly. This was a unique situation, which is no longer offered
- Too rushed – it was basically a correspondence course. Could have used more guidance

Those who obtained their certificate through pre-employment training (n=32) were asked to rate their training practicum using the same scale. The average response provided was 4.15 out of 5. When asked to explain their rating, responses included:

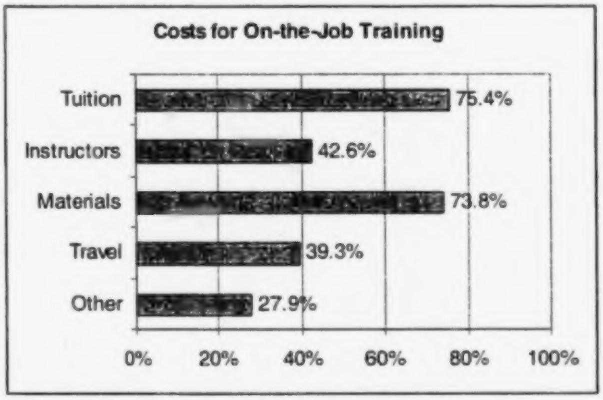
- Would like to see more work on the floor or home care hours (8)
- It was excellent/ adequate (7)
- Practicum was way too many hours (7)
- I learned the most from learning on the job and from other workers (2)
- Too much emphasis on housekeeping and not care
- Compared to students from elsewhere, we had more hands-on experience instead of just sitting back and watching
- I wouldn't have been ready for work without those practicum hours
- Home care training was really good. Special care training needed to be more intense

- Gave us a realistic idea of what is expected of us by our employers as well as what the work is really like
- I did learn a lot especially at the nursing home. Helped me to choose if I wanted to go to Nursing Home or into Home Care

Almost all respondents (92.0% or n=92/100) indicated there was a monetary cost to them for this training. These employees provided an average rank of 3.59 (n=91; missing=1) when asked to rate the appropriateness of the cost of their training program on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 being very appropriate. When those who provided an average rank of 1 or 2 were asked to explain their rating, responses included:

- Cost was too high for how much we needed to know (15)
- Paid by my employer (2)
- People taking courses now are able to work as well as go to school during work in modules
- For wages I got afterwards it was appropriate except we were in debt and very poor during the program

As the following chart shows, the majority of respondents who obtained their certificate through on-the-job training (n=67) were expected to cover tuition (75.4% or n=46/61; missing=6) and the cost of materials (73.8% or n=45/61; missing=6).



N=61; missing=6

Most of these respondents (89.6% or n=60/67) indicated that time off with pay was not provided by their employer while taking this training.

Of those respondents with a pre-employment certificate (n=32), just over half (59.4% or n=19/32) indicated this was a prerequisite for being hired. All of these employees (100.0% or n=32/32) also indicated it was easier to find employment with their pre-employment certificate.

Of those respondents with a training certificate (n=100), approximately half (51.0% or n=51/100) indicate changes need to be made to the training program. When asked to explain, responses included:

- I learned all that I needed. Very satisfied (41)
- Less focus on house cleaning, more focus on relevant issues (17)

- More practicum hours, more focus on practical (7)
- Cost of program (7)
- Training was done too quickly/ not complete (6)
- Fewer practicum hours (4)
- Program is designed for younger people who are not experienced in life
- I was an RN first so I knew a lot of this – perhaps a little more intense training on Level 3 & 4 care
- My course was offered on the job which made it more cost effective for me
- Government should be more involved with forgivable grants if you remain at the position for 2 or 3 years
- Paid practicum
- Quit changing the program all the time. I have a lot more classes to take now that changes have already been implemented
- Students need to be put through some sort of screening process. People get through even if they aren't right for this field
- I feel mandatory Home Care Aide certificate should be made and a Special Care Aide certificate should be abolished
- Because I did not go to SIAST for my course I feel it was fine

Of those respondents with a training certificate (n=100), just over half (56.1% or n=46/82; missing=18) indicated prior learning/experience (PLAR) was not adequately recognized. When asked to explain, responses included:

- Don't know what PLAR is (29)
- PLAR was not even considered (27)
- Past experience was adequately recognized and considered (16)
- I had no prior learning or experience (10)
- I had CPR and/or First Aid (9)
- I needed to prove I had Grade 12 and they didn't care about anything else
- They didn't acknowledge the personal care experience I had. They acknowledged my communications learning. My practicum was waived
- The training I gained working for 10 years in health care was recognized
- My RN certificate was well recognized
- All that mattered was that you passed the course. They didn't care about your experience
- Had to do all course and practicum requirements
- Told to forget everything you know
- Experienced people should not have to do all aspects of practicum
- Weren't given credit, but PLAR was enough to help with classes

Most respondents (95.1% or n=77/81; missing=19) indicated they did not encounter any barriers to applying for PLAR. When asked to explain, responses included:

- Did not apply (57)
- Had Certificates available (14)
- Didn't even bother – even if a certificate were held, the course was required to be repeated. (7)

- Employer recommended me and sent letters (5)
- When you apply – a lot of red tape (3)
- Pretty straightforward – no barrier I can think of (2)
- Asked routine questions to assess prior knowledge – adequate
- Our employer offered it and if you wanted it you took it

4.2.4.4 Training Without a Certificate

All respondents (n=100) were asked if they have taken any formal on-the-job training where no certificate was provided at the end of the training. Eighteen percent (n=18/100) of employees responded "yes." When these respondents were asked to explain, responses included:

- We have in-services all the time (6)
- Workshops – bowel and medication
- Back management, catheterization
- Lift programs and assault
- A 3-week course on Dietary and Laundry – led to SCA course, but no certificate
- Disaster relief, hazardous materials
- Palliative care course – we didn't get paid for it or get certificates, yet important
- TLR, TLC, Palliative care, Alzheimer's – no certificates

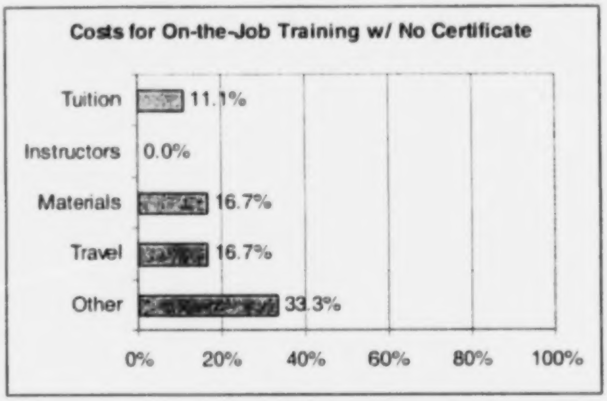
These employees with on-the-job training but no certificate (n=18) provided an average rank of 4.17 when asked to rate the satisfaction with their training on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied. When those who provided an average rank of 1 or 2 were asked to explain their rating, responses included:

- What we learned doesn't apply to reality
- Helped to understand some of the reasons why policy in my facility regarding meds has been implemented
- Not always accessible, sometimes have to pay

Almost two-thirds of these respondents (62.5% or n=10/16; missing=2) indicated the instructors were from their workplace while the remaining indicated they were from a training institution (18.8% or n=3/16; missing=2) or an "other" source (18.8% or n=3/16; missing=2) including:

- Various professionals from the health care industry
- The doctor was from out of the area
- Don't remember – think it was neither of the above
- Workers' Compensation Board

As the following chart shows, the majority of respondents with on-the-job training but no certificate (n=18) were not expected to cover many of their costs. "Other" costs included rooms.



N=18

These employees (n=18) provided an average rank of 4.67 when asked to rate the appropriateness of the cost of their training on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 being very appropriate. When those who provided an average rank of 1 or 2 were asked to explain their rating, responses included it was too high for what you learned.

Of those respondents with on-the-job training but no certificate (n=18), the majority (72.2% or n=13/18) indicate changes do not need to be made to this type of training. When the remaining 27.8% (n=5/18) of respondents were asked to explain their "yes" response, explanations included:

- More qualified instructors
- Add a few more courses to the program
- More instructional time – a question and answer period
- Should be offered and taken yearly. More professionally done
- Make it more accessible to more people

The majority of these respondents (70.6% n=12/17; missing=1) indicated that time off with pay was not provided by their employer while taking this training.

Almost two-thirds of respondents (64.3% or n=9/14; missing=4) indicated prior learning or experience (PLAR) was not adequately recognized. When asked to explain, responses included:

- Don't know what PLAR is (8)
- It didn't need to be recognized (2)
- Didn't acknowledge 15 years of home help aid experience
- Classes from certification were acknowledged
- Interest shown in your experience
- My previous training wasn't recognized ... I think because the schools want the full price and not anything else

Of those respondents with on-the-job training but no certificate (n=18), most (92.9% or n=13/14; missing=4) indicated they did not encounter any barriers to applying for PLAR. When asked to explain, responses included:

- Didn't apply for it (9)
- They realized we all had a certificate (2)

4.2.4.5 Additional Formal Training

All respondents (n=100) were asked if any other formal training or updates have been required throughout the course of their employment. Over three-quarters of respondents (78.0% or n=78/100) answered "yes." When asked to explain and state whether a certificate was obtained and the type of certificate, responses included:

- CPR and/or First Aid re-certification (33)
- PART certificates (31)
- TLR certificates (20)
- WHMIS certificate (16)
- Medical terminology certificate (3)
- Medication course, housekeeping course – certificates (2)
- TLR no certificate
- Foot care certificates
- Food Handling certificates
- Dealing with Dementia
- Bowel care — facility certification
- Alzheimer's awareness and Sleep Deprivation – facility certificate
- Infectious diseases – no certificate
- Tube feeding certificate
- Medication administration, housekeeping methodology, food safety and handling certificates
- Harassment — certificate

4.2.4.6 Informal Training

All respondents (n=100) were asked if they have received informal training, coaching, or one-on-one training for their job. Most respondents (84.0% or n=84/100) answered "yes." These respondents were asked to rank their satisfaction with the training on a scale of 1 to 5 where 1 is not at all satisfied, 3 is neutral, and 5 is very satisfied. The average rank provided was 4.14 (n=84). Those who provided a rank of 1 or 2 were asked to explain their response:

- Because attendance at various workshops isn't mandatory, information gets passed on second and third hand and isn't necessarily correct. Attendance at workshops should be mandatory
- Prefer to have group training instead of one on one
- Allow you to work only 6 shifts with someone and then they put you by yourself to figure it out from there

Those respondents who indicated they have not received informal training (n=16) were asked if they would like to receive this type of training. Almost two-thirds of these respondents (62.5% or n=10/16) answered "yes." When asked to explain, responses included:

- More orientation to proper lifting would have been nice (2)
- The course covered what I needed (2)
- You are told to ask more questions but when you have a question there is no one there to ask (2)
- Coaching would benefit my feelings of competence

- More assistance with assessment skills
- To have the ability to ask "why" something is done in a particular way while it is happening
- Something at the beginning, like an orientation definitely would have helped
- Like learning new stuff
- If there was something there we needed, we would get it
- To make sure we were doing what we're supposed to be doing

4.2.5 Barriers to Training

All employees (n=100) were asked, in their opinion, what were the main barriers to obtaining training. The main responses included cost/access to classes/travel (75). Other responses included:

- No barriers (4)
- Childcare (2)
- Finding the right hours – taking classes at night while working for 2 years is not right
- Grade level (may not have required grade level)
- Language – difficulty of proper translation (certificate)

4.2.6 Training Programs

Most respondents (89.0% or n=89/100) were not aware of additional training programs that have not already been mentioned in the survey. Those who were aware (11.0% or n=11/100) provided the following information:

Program	Type	Comments
SIAST	Certificate	• Cost was higher at SIAST • Less costly – 2 months longer in duration than the Saskatoon Business College • Longer duration, higher cost • Longer duration than SBC, cost of housing and stuff to take course there would be high • Long waiting list, cost • Cost is higher
Saskatoon Business College	Certificate	• More expensive • Shorter course, but only offered in Saskatoon
CDI College of Business and Technology	Certificate	• Don't know anything about the course
Career Campus	Certificate	• Don't know much about this but I understand it's shorter but costs more than SIAST
North East Health District	On-the-job	• I believe this is an on-the-job position so the cost is lessened
Melville program (forgot name)		• Just for girls who were working there – SCA

Surveyed employees (n=100) provided an average rank of 4.14 when asked to rate how well Saskatchewan training program meet the needs of employers on a scale of 1 to 5, with 1 being does not meet at all, 3 being neutral, and 5 being meets all needs. When those who provided an average rank of 1 or 2 were asked to explain their rating, responses included:

- Adequate – ensures quality service. A lot of stuff that goes into courses just seems to extend the course for no reason at all. (e.g. teacher didn't really understand module representation well) Have to put in 105 hours practicum time when already trained – could be more cost and time effective
- Rural areas need to have an inspector that is certified. Employers have to jump through hoops

4.2.7 New Skills Areas

Respondents were asked what new skill areas will be required over the next five years for Home Care Aides (n=30) and the types of training required to meet these needs. Responses included:

- Medication delivery, transfers and lifts (6)
- No new skills (5)
- Changing all the time (4)
- With rural Saskatchewan health is using more LPNs, Home Care and Special Care Aides will need to do more of what LPNs currently do (2)
- More training for dementia and brain damage. More training on handling abuse (2)
- Level 3 & 4 – more intense studies. New equipment and lifts training
- Communication and socialization need more skills

A few employees (20.0% or n=6/30) indicated there are competencies, skills, or training that are no longer relevant for Home Care Aides. These include:

- Homemaking, such as washing walls and windows (4)
- Finances – we have nothing to do with finances.
- Meds that were previously given by Home Care Aides now have to be given by LPNs

Respondents were asked what new skill areas will be required over the next five years for Special Care Aides (n=72) and the types of training required to meet these needs. Responses included:

- Don't know of any (24)
- Medications (23)
- Learn how to use lifting devices properly (8)
- More work with dementia patients. (8)
- Non-lifting, knowledge about new diseases (e.g. AIDS) (6)
- Nurse situation in Saskatchewan will cause more responsibilities (6)
- Palliative care (3)
- More surgery care training (2)
- Wound care (2)
- Computer charting (2)
- Aides will be learning to do a lot of what LPNs are doing now as LPNs will be taking places of doctors in rural areas

- With changes to health care more integration will be required like food prep, nutrition, and dressing changes
- Post-surgery care. e.g. wound dressing
- Housekeeping, laundry, safe food handling, daily living skills
- More knowledge of psychological issues e.g. grief
- Teaching the buddy system. Do not do these alone
- Self-defence (PART does not cover enough)
- Attending seminars on how to deal with family – at least one more section on latter stages of grief
- Include training for sores, cutting toe nails because we're the ones that deal with this every day

A few employees (11.1% or n=8/72) also indicated there are competencies, skills, or training that are no longer relevant for Special Care Aides. These include:

- CPR – we don't use that – nurses do
- I use all the skills I have been taught plus more
- Some of the lifts are no longer used in facilities so there is no point in teaching how to use them. There should perhaps be more training on what is being used at the time of the classes
- PART could be revised. Some of it doesn't apply to what we do e.g. defence against clients – some not needed or relevant

4.2.8 Transferability

Home Care Aide employees (n=30) were asked to rate how difficult it is for them to transfer between various organizations on a scale of 1 to 5 where 1 is very difficult, 3 is neutral, and 5 is not difficult at all. Those who provided a rank of 1 or 2 were asked to explain their response. This information is contained in the following table:

Organization	Average Rank	Explanation (if 1 or 2)
Employers within Saskatchewan	3.72	• There are no jobs available to transfer to
Unions within Saskatchewan	3.66	• Lose seniority, vacation, etc. • You would lose all of your hours and seniority
Health Districts within Saskatchewan	3.06	• Hours do not go with you • Lose seniority, vacation, etc. • No jobs are available and if you have to uproot your home/family it's not worth it • Very hard because you can't take your hours with you • Seniority doesn't move with you • Because they don't want to switch unions
Employers within other provinces	3.01	• Lose seniority, vacation, etc. • Don't know – have never tried to leave

		province • Not sure. I guess you'd lose hours and seniority • Don't know that they recognize our certificate • Don't know – haven't looked into this • Alberta doesn't use Home Care Aides

Unions within other provinces	2.72	• Lose seniority, vacation, etc. • I don't belong to a union at this time so I am not sure here • Have never tried to leave province for employment • Not sure again, you'd probably lose hours and seniority • Don't know – haven't looked into this • I don't know what the qualifications are in other provinces • Alberta doesn't use Home Care Aides

N=30

Special Care Aide employees (n=72) were also asked to rate how difficult it is for them to transfer between various organizations on a scale of 1 to 5 where 1 is very difficult, 3 is neutral, and 5 is not difficult at all. Those who provided a rank of 1 or 2 were asked to explain their response. This information is contained in the following table:

Organization	**Average Rank**	**Explanation** (if 1 or 2)
Employers within Saskatchewan	4.03	• If not in a union, it's virtually impossible • Unless you have seniority, it's very difficult to move between facilities • Routines are same – getting up or going to bed. No differences in Saskatchewan. • Job ends because of layoffs – you cannot go from one district to another.
Unions within Saskatchewan	3.81	• You lose hours, seniority – everything. • Not a union member as I work in a religious care facility. • Probably lose seniority • I imagine you lose seniority • Because you lose seniority – however I believe they are trying to change that soon • You'd have to give up all of your hours. • Government directed – we don't have a choice. Anti-democratic the way it's done

Health Districts within Saskatchewan	3.01	• Loss of seniority. Hours don't travel with you. (15) • Would depend on what positions were available. • Depends on if you are in a union – if you are in the same union it's easier, otherwise you have to give up your hours. • Lose seniority and benefits • I am looking into this now • When districts amalgamate, a person can take their seniority and benefits with them.
Employers within other provinces	2.84	• Certificate not recognized. (14) • Don't know (4) • I'm sure you'd lose your hours and your seniority. (2) • When sister moved to Red Deer, had to move back because it was too hard • I don't know • I really don't know. I'm sure it wouldn't be difficult because of shortage
Unions within other provinces	3.01	• Don't know (6) • You cannot carry seniority over. (5) • Not a union member • You'd lose everything • You would basically start over if you can get a job

N=72

When all respondents (n=100) were asked if they feel many Home Care/Special Care Aides continue their education and branch into another occupation, such as LPN or RPN/RN, approximately two-thirds of respondents (68.7% or n=68/99; missing=1) answered "yes." All respondents were asked to rate how difficult it would be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs such as LPN or RPN/RN. An average rank of 3.28 (n=100) was provided on a scale of 1 to 5 where 1 is very difficult, 3 is neutral, and 5 is not difficult at all. Those who provided a rank of 1 or 2 were asked to explain their response:

- SCA course is accepted/recognized for LPN training (17)
- Difficult because very expensive and it's hard to get someone to pay for you
- In rural areas LPN programs are not offered so you must move to the city for the course of your training
- No LPN courses available in Saskatoon
- I think you would have a better chance if you had this certificate
- Saw that it was difficult for an LPN to get into RN

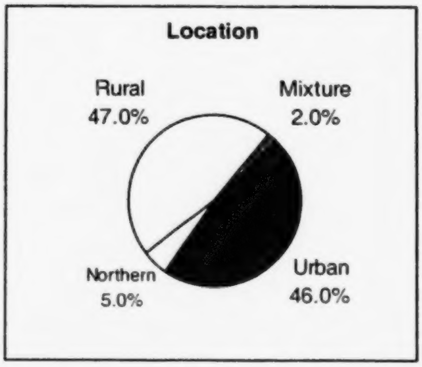
All respondents (n=100) were asked to indicate their level of agreement with the following statement: I would like to further my education and ladder or transfer into other programs, such as

LPN or RPN/RN. An average rank of 2.86 was provided on a scale of 1 to 5 where 1 is strongly disagree, 3 is neutral, and 5 is strongly agree. When asked to explain their response, employees indicated:

- I consider myself too old (20)
- I am happy in my current position (17)
- I would (have) considered this/ have wanted to do it (10)
- Family situation doesn't allow time/finances for more training (9)
- Job with more responsibility/ variety/ less physically demanding is attractive (7)
- I have had enough of school (6)
- I would become an RN (5)
- Access to classes is a barrier/ travel (5)
- I would like more info on this subject (4)
- There is not much difference in wage to warrant the time/money at school (4)
- I am registered to start LPN or am currently on a waiting list (2)
- Increase in salary is attractive (2)
- Because I'm an EMT also – that's my field
- I was an RN and left to become a Home Care Aide because of less stress
- I thought about doing so this fall, there is such a shortage of RNs and we need more people to give out medication

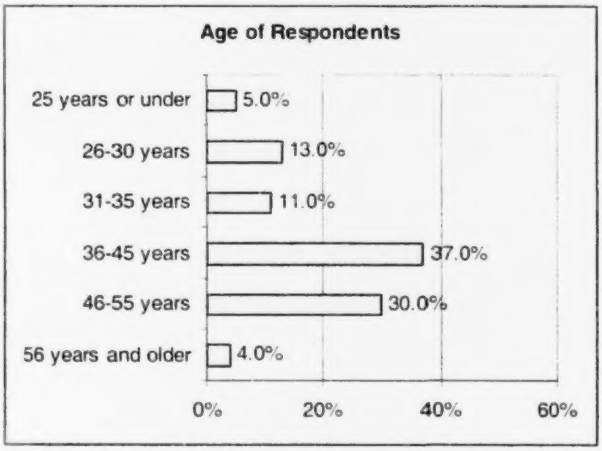
4.2.9 Demographic Overview

All respondents (n=100) were asked to provide some basic demographic information. There was almost an even split of rural (47.0% or n=47/100) and urban (46.0% or n=46/100) respondents. Five percent (n=5/100) of respondents were from the north and 2.0% (n=2/100) were from a mixture of urban/rural locations. These results are shown in the following chart:



N=100

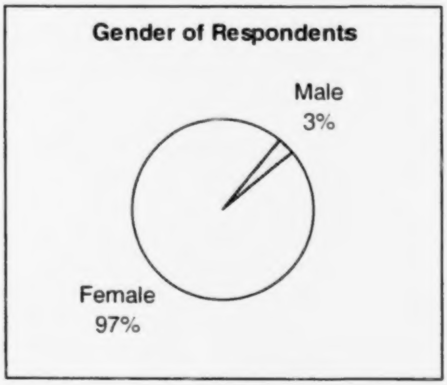
The following chart shows that the majority of respondents (67.0% or n=67/100) are between 36 and 55 years of age.



N=100

All respondents were given the option of self-declaring themselves as a First Nations, Métis, or Inuit person. One respondent indicated being a First Nations person and three indicated being a Métis person.

The following chart shows that almost all respondents (97.0% or n=97/100) are female.



N=100

4.2.10 Key Findings

Key findings from the employee survey include the following points:

4.2.10.1 Demographic Overview

- In total, 100 employees were contacted by telephone between November 29 and December 14, 2001.
- There was almost an even split of rural (47.0% or n=47/100) and urban (46.0% or n=46/100) respondents. Five percent (n=5/100) of respondents were from the north and 2.0% (n=2/100) were from a mixture of urban/rural locations.

- The majority of respondents (67.0% or n=67/100) were between 36 and 55 years of age.
- Almost all respondents (97.0% or n=97/100) were female.

4.2.10.2 Job and Employer Information

- Overall, 70% (n=70/100) of the employees interviewed indicated they are currently employed as Special Care Aides, 28% (n=28/100) are employed as Home Care Aides, and 2% (n=2/100) are employed as both.
- The majority of Home Care Aides are hired into part-time positions (63.3% or n=19/30) while the largest number of Special Care Aides are hired into full-time positions (45.8% or n=33/72).
- On average, Home Care Aides work 25.5 hours per week with the range being 1-40 hours per week (n=30). The majority feel this is on target (66.7% or n=20/30). On average, Special Care Aides work 31.5 hours per week with the range being 2-46 hours per week (n=72). The majority feel this is on target (75.0% or n=54/72) with the hours they wish to work.
- Seven percent (n=7/100) of respondents indicated they work for more than one employer, with the average number of employers being 2.29 (n=7).
- The majority of primary employers are long term care facilities (53.0% or n=53/100) followed by home care (24.0% or n=24/100). Most employers are in the public sector (89.0% or n=89/100).
- Respondents describe their primary job responsibilities as basic daily personal care (85) including bathing, toileting, feeding, dressing, lifting, home management, and reassurance checks.
- On average, respondents have worked in the Home Care/Special Care Aide industry for 6.56 years with the range being 0.5-20 years (n=100). They indicated they have changed jobs an average of 0.77 times with the range being 0-6 times (n=100). It should be noted that almost two-thirds of respondents (66.0% or n=66/100) indicated they have never changed jobs.

4.2.10.3 Recruitment

- Over half of employees (54.0% or n=54/100) do not feel it is difficult to recruit qualified Home Care/Special Care Aides to their primary workplace. Those who indicated it is difficult feel it is most difficult to recruit casual employees (84.8% or n=39/46), primarily because there are no guaranteed hours (34).
- The greatest number of employees indicated their workplace is actively recruiting casual employees (56.0% or n=56/100) followed by part-time employees (17.0% or n=17/100) and full-time employees (10.0% or n=10/100).

4.2.10.4 Retention

- The majority of employees (60.6% or n=60/99; missing=1) do not feel it is difficult to retain qualified Home Care/Special Care Aides in their primary workplace. Those who indicated it is difficult feel it is most difficult to retain casual employees (97.4% or n=38/39), primarily due to lack of guaranteed hours (34).

- The majority of respondents feel that when an employee leaves his/her job they always (51.3% or n=20/39) or sometimes (35.9% or n=14/39) obtain employment with a similar type of employer.
- Employees appear to be quite satisfied with their jobs. Respondents provided an average rank of 4.08 (n=100) when asked to rate their job satisfaction. They also feel their job makes good use of their skills, as shown by an average rating of 4.26 (n=100). This is based on a scale where 1 is not at all satisfied and 5 is very satisfied.
- The top job concerns mentioned by respondents included: understaffing and time pressures (84), shifts/lack of full-time hours/seniority (32), management issues (31), and safety/security of workers/clients (30).
- The majority of respondents (76.0% or n=76/100) do not feel Home Care/Special Care Aide positions are being filled by other occupations such as LPN or RPN/RN.

4.2.10.5 Skills and Training

- The top knowledge areas required for Home Care Aide positions include: communication (28), personal care (26), and nutrition (18). The top knowledge areas required for Special Care Aide positions include: communication (57), personal care (52), and compassion/patience/understanding (51).
- All respondents (100.0% or n=100/100) indicated they have a Home Care/Special Care Aide type certificate. The majority of respondents (71.7% or n=71/99; missing=1) indicated their certificate enables them to work as both a Home Care/Special Care Aide (i.e. dual certificate). Two-thirds of employees obtained their certificate on-the-job (67.0% or n=67/100), followed by pre-employment (32.0% or n=32/100). Respondents were quite satisfied with their training, as shown by an average rating of 4.41 (n=100) on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
- Respondents with a training certificate:
    - Almost all respondents (92.0% or n=92/100) with a certificate indicated there was a monetary cost to them for their training. Respondents felt the cost of this training was appropriate, as shown by an average rating of 3.59 (n=91; missing=9) on a scale of 1 to 5, with 1 being not at all appropriate, 3 being neutral, and 5 being very appropriate. The majority of respondents who obtained their certificate through on-the-job training were expected to cover tuition (75.4% or n=46/61; missing=6) and the cost of materials (73.8% or n=45/61; missing=6).
    - Most of these respondents (89.6% or n=60/67) indicated that time off with pay was not provided by their employer while taking this training.
    - Just over half of respondents (59.4% or n=19/32) with a pre-employment certificate indicated this was a prerequisite for being hired. All of these employees (100.0% or n=32/32) also indicated it was easier to find employment with their pre-employment certificate.

  - Just over half of respondents (56.1% or n=46/82; missing=18) with a training certificate indicated prior learning/experience (PLAR) was not adequately recognized. Most respondents (95.1% or n=77/81; missing=19) indicated they did not encounter any barriers to applying for PLAR.

- Respondents with training but no certificate:
  - Only 18% (n=18/100) of respondents indicated they have taken formal, on-the-job training where no certificate was provided.
  - These respondents were quite satisfied with their training, as shown by an average rating of 4.17 (n=18) on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
  - The majority (62.5% or n=10/16; missing=2) indicated instructors were from their workplace.
  - These respondents were not expected to cover many of their costs.
  - The majority of these respondents (70.6% n=12/17; missing=1) indicated that time off with pay was not provided by their employer while taking this training.
  - Almost two-thirds of respondents (64.3% or n=9/14; missing=4) indicated prior learning/experience (PLAR) was not adequately recognized. Most respondents (92.9% or n=13/14; missing=4) indicated they did not encounter any barriers to applying for PLAR.

- Over three-quarters of respondents (78.0% or n=78/100) indicated other formal training or updates have been required throughout the course of their employment, with the main types of training including CPR and/or First Aid re-certification (33), PART certificates (31), TLR certificates (20), and WHMIS certificate (16).

- Most respondents (84.0% or n=84/100) have received informal training, coaching, or one-on-one training for their job. These respondents were quite satisfied with this informal training, as shown by an average rating of 4.14 (n=84) on a scale of 1 to 5 where 1 is not at all satisfied, 3 is neutral, and 5 is very satisfied.

4.2.10.6 Barriers to Training

- The main barriers to obtaining training are thought to include cost/access to classes/travel (75).

4.2.10.7 Training Programs

- Employees feel that Saskatchewan training programs meet the needs of employers, as shown by an average rating of 4.14 (n=100) on a scale of 1 to 5, with 1 being does not meet at all, 3 being neutral, and 5 being meets all needs.

4.2.10.8 New Skills Areas

- When asked what new skill areas will be required over the next five years for Home Care Aides, the main response was medication delivery, transfers and lifts (6). When asked what new skill areas will be required over the next five years for Special Care Aides, the main response was medication (23).

4.2.10.9 Transferability

- Respondents feel it is not difficult for Home Care Aides to transfer between employers within Saskatchewan (3.72) and unions within Saskatchewan (3.66) but that it is somewhat difficult to transfer between health districts within Saskatchewan (3.06) and employers within other provinces (3.01). They feel there is difficulty transferring between unions within other provinces (2.72). For all responses n=30.
- Respondents feel it is not difficult for Special Care Aides to transfer between employers within Saskatchewan (4.03) and unions within Saskatchewan (3.81) but that it is somewhat difficult to transfer between health districts within Saskatchewan (3.01) and unions within other provinces (3.01). They feel there is difficulty transferring between employers within other provinces (2.84). For all responses n=72.
- Approximately two-thirds of respondents (68.7% or n=68/99; missing=1) feel Home Care/Special Care Aides continue their education and branch into another occupation, such as LPN or RPN/RN. They feel this is not too difficult, as shown by an average rank of 3.28 (n=100) on a scale of 1 to 5 where 1 is very difficult, 3 is neutral, and 5 is not difficult at all.
- However, it does not appear that most respondents are interested in furthering their education and laddering onto transfer programs, as shown by an average rank of 2.86 (n=100) on a scale of 1 to 5 where 1 is strongly disagree, 3 is neutral, and 5 is strongly agree.

4.3 Training Provider Survey

In total, nine training providers were interviewed by telephone between November 29 and December 14, 2001. Of this nine, two were Saskatchewan training providers and the remainder were from other Western Canadian provinces. Additional training providers were attempted to be contacted at least three times during that time period. However, none were available for an interview.

The results of the two Saskatchewan training provider surveys are provided in the following subsections. A copy of the Training Provider Survey used is found in **Appendix I**. The results of the seven out-of-province training provider surveys are provided in **Appendix J**.

4.3.1 Training Programs

The training providers were asked to list the Home Care Aide, Special Care Aide, and Dual Certificate type programs their institution offers. One respondent indicated they offer a dual HCA/SCA Certificate with the option of taking the HCA or SCA portion independently. The other Saskatchewan training provider indicated they offer a Personal Care Aide Diploma (dual certificate).

The respondents were asked to list what job titles they usually use for Home Care Aides and Special Care Aides. One respondent indicated they use these same titles while the other respondent uses the title "Personal Care Aide" for both positions.

The respondents were asked to provide a brief description of the job responsibilities their training programs prepare students for. The following are the verbatim responses of the training providers:

4.3.1.1 Home Care Aides:

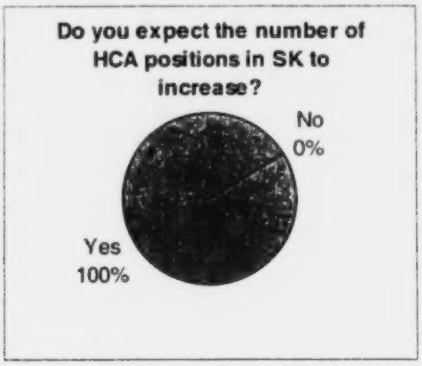
- Work without direct supervision. Personal care in the home such as bathing, dressing, assist with toileting, care to rise in the morning and care to bed at night, assisting with meal preparation, homemaking - cleaning, laundry etc., respite care.
- Trained to work under RN or LPN; provide for independence of individual, care, transport, lifting, etc.

4.3.1.2 Special Care Aides:

- Long Term (nursing homes). Work under the direction of an RN. Personal care such as bathing, personal hygiene, skin care – prevention of pressure ulcers, grooming, incontinence care, ambulating, dementia care, emotional care, etc. Residents have a much greater dependency on the Aide. In facilities with Level 4 Residents, Aides will care for people who are totally paralyzed, have tracheostomies, colostomies, those receiving dialysis, or on ventilators for artificial respiration.
- Train under RN or Registered Psych. Nurse, basic personal care, lifting. Special Care Aides stay in a facility.

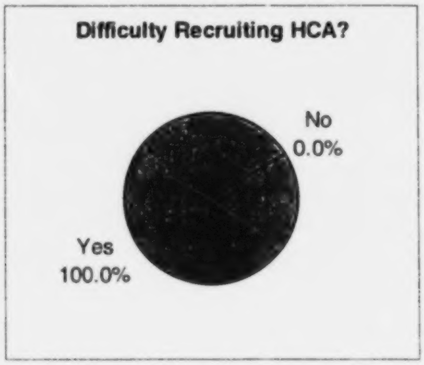
4.3.2 Job Overview of Home Care Aides

The respondents were asked whether they expect the number of full-time, part-time and casual Home Care Aide positions in the Saskatchewan industry to increase, decrease or stay the same in the next 5 years. Both respondents expect the number to increase for all types of positions.



4.3.2.1 Recruitment

When asked whether they feel it is difficult for organizations to recruit qualified Home Care Aides, both Saskatchewan training providers responded that it is difficult.



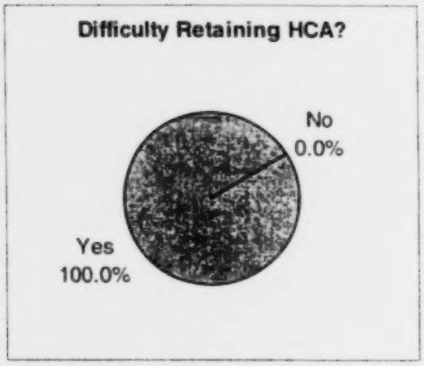
Both providers indicated it is most difficult to recruit casual employees while one also indicated it is difficult to recruit part-time employees. One respondent indicated this is because:

> "In small communities it is often wives who work in these positions - it's seasonal, hard work."

When asked what could be done to overcome these recruiting difficulties, both respondents indicated that more full-time and permanent part-time positions need to be created.

4.3.2.2 Retention

Both Saskatchewan training providers felt it was difficult for organizations to retain qualified Home Care Aides.



Both felt that it was more difficult to retain casual employees. Comments from one respondent indicated this is because they choose to work at the place they can receive the most hours (when working more than one job) and they will leave to go to a facility where they can get more hours.

When asked what could be done to overcome these retaining difficulties, comments included "create more cross-over positions so if work is not available, the staff member can work in long term," better working environment and conditions, and better hours.

4.3.2.3 Job Concerns

The top job related concerns Saskatchewan respondents thought Home Care Aides have include:

- Casual work/no assurance of a regular income
- Short shifts (i.e. 6 hours or less)
- Stress in the work environment
- Heavy workload/understaffed

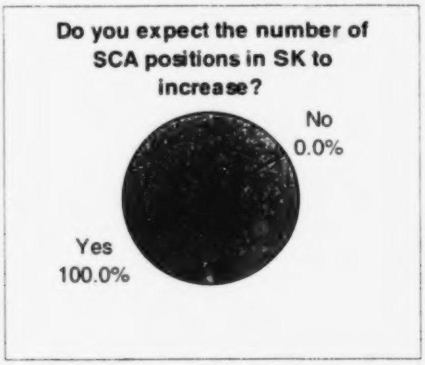
4.3.2.4 Job Satisfaction

When asked to rate in general how satisfied they feel full-time, part-time and casual Home Care Aides in Saskatchewan are with their job, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied, the Saskatchewan respondents provided an average rating of for full-time Home Care Aides. The Saskatchewan respondents also provided the same average rating (3.5 out of 5) for part-time Home Care Aides. Casual employees were seen as less satisfied as both Saskatchewan respondents provided a rating of 3 out of 5.

Respondents were asked to rate how satisfied they feel full-time, part-time and casual Home Care Aides in Saskatchewan are with the extent to which their skills are being utilized, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied. The Saskatchewan training providers felt Home Care Aides were quite satisfied, providing an average rank of 4.5 out of 5 for all three types of positions (i.e. full-time, part-time, and casual).

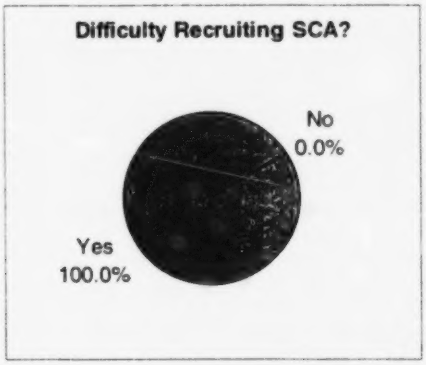
4.3.3 Job Overview of Special Care Aides

The respondents were then asked whether they expect the number of full-time, part-time and casual Special Care Aide positions in the Saskatchewan industry to increase, decrease or stay the same in the next 5 years. Both respondents expect the number to increase for all types of positions.



4.3.3.1 Recruitment

When asked whether they feel it is difficult for organizations to recruit qualified Special Care Aides, both Saskatchewan training providers responded "yes" to the question.



Both respondents feel it is most difficult to recruit casual employees while one respondent also indicated it is also difficult to recruit part-time employees. Reasons stated for their responses include:

- Full-time work is desired but many cannot provide full-time or part-time positions and recruit casual.
- In rural communities it is often farmers' wives who work in these positions. Thus, it's seasonal when available.

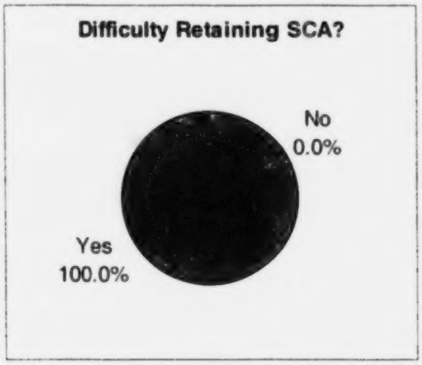
When asked what could be done to overcome these recruiting difficulties, one Saskatchewan respondent indicated job sharing and flexible hours. The other respondent stated the following:

> "Many casuals want full-time, so they resign from any casual position to move to a full-time or part-time. Union contracts require that part-time's are called in for casual shifts before the

> casual person which sometimes leaves the shift and weekend work to the casual. Other than casual may be working overtime shifts (16 hours) while a casual sits waiting for a shift. Casuals may wait at home 24 hours a day, all week for the phone to ring to be called in for a shift. Casuals have no assurance to get enough pay on a regular basis to meet living expenses. Difficult for casuals to maintain home life, rest and sleep when called in for work on evenings or nights without little notice. The number of burned out staff is significant and working with those with negative attitudes is difficult."

4.3.3.2 Retention

Both respondents felt it was difficult for organizations to retain qualified Special Care Aides. They both agreed it is most difficult to retain casual employees while one respondent also indicated it is also difficult to retain part-time employees.



Responses provided for the difficulty in retaining employees include burnout can occur "resulting in negativity and rudeness to both residents and students" which needs to be dealt with, "staffing patterns need to improve so casual is not an entry point into Aide jobs," "staff need training to understand that 'more staff' is not necessarily the answer to peaks in workload, but rather learn how to adjust to techniques on how the workload can be completed in different ways," and if employees are stressed out it becomes more difficult to retain them.

When asked what could be done to overcome these retaining difficulties, one respondent indicated job sharing. Both respondents felt creating more full-time and permanent part-time jobs should be done. One specific comment included:

> "Create more full-time or part-time jobs instead of making the entry point as casual. Some casuals work full-time hours but cannot secure a full-time job. Casual should be used for fill in sick time or vacation but not for basic staffing. If workload becomes less, the full-time job should be one that will rotate among different agencies such as between Home Care and Long Term care."

4.3.3.3 Job Concerns

The top job related concerns respondents thought Special Care Aides have included casualization, heavy workloads, performing duties not within scope/poor standards, and burnout.

4.3.3.4 Job Satisfaction

When asked to rate in general how satisfied they feel full-time, part-time and casual Special Care Aides in Saskatchewan are with their job, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied, one respondent thought full-time Special Care Aides were satisfied (4 out of 5) and the other was neutral (3 out of 5). The average rating for full-time Special Care Aides by Saskatchewan training providers was 3.50. Identical ratings were provided for part-time Special Care Aides, resulting in an average rating of 3.50. Both respondents rated satisfaction for casual Special Care Aides as neutral (3 out of 5), resulting in an average rating of 3.00.

Respondents were asked to rate in general how satisfied they feel full-time, part-time and casual Special Care Aides in Saskatchewan are with the extent to which their skills are being utilized, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied. Both Saskatchewan respondents felt that Special Care Aides were either satisfied (4 out of 5) or very satisfied (5 out of 5) with the extent to which their skills are being utilized for all three types of positions. The average rating for skill utilization full-time, part-time, and casual Special Care Aides by Saskatchewan respondents was 4.50.

4.3.4 Skills and Training

The respondents were asked to provide, in their opinion, the top five knowledge areas required for Home Care Aides. Responses included:

- Client observation
- Physical and emotional care
- Communication and interpersonal relationships
- Professional work ethics
- Ability to work alone
- Treating others with respect and dignity

When asked to provide the top five knowledge areas required for Special Care Aides both respondents indicated they were the same as above except one respondent added the "ability to relate and make decisions in co-operation with others."

The respondents were asked to state, from their perspective, the minimum education and experience qualifications required when hiring Home Care Aides and Special Care Aides. The responses are provided below:

4.3.4.1 Home Care Aides:

Education: Training program and Grade 12; Grade 10 minimum, English written and spoken.

Experience: Certification HCA/SCA; none required.

4.3.4.2 Special Care Aides:

Education: Training program and Grade 12; Grade 10 minimum, English written and spoken.

Experience: Certification HCA/SCA; "some personal or volunteer work in health facilities preferred."

When asked to list all the Home Care/Special Care Aide pre-employment and on-the-job training programs that they are aware of that are currently offered in Saskatchewan and outside of Saskatchewan, the listings and comments provided were as follows:

4.3.4.3 Saskatchewan Programs

- Saskatoon Business College, Personal Care Aide – Certificate/pre-employment was listed by both respondents. One comment was that the program is similar to the SIAST program but does not have equivalency. No PLAR is available.
- SIAST Home Care/Special Care Aide – Certificate/pre-employment/on-the-job program was listed by one respondent. This respondent commented that they "try to have a standardized program to make it easier to move out of province."
- Other programs listed included Saskatchewan Indian Institute of Technologies – Certificate program; Saskatoon District Health Home Care – Certificate/On-the-job (SIAST program content); Sherbrooke Community Centre – Certificate/On-the-job (SIAST program content); and Private nursing agencies – No certificate/On-the-job.

4.3.4.4 Out of Province Programs

- Health Care Aide, Red River College (Manitoba) – Certificate/Pre-employment where they "are trying to standardize across Manitoba. Students have to take extra course coming to SK. On-the-job is a component of the Red River program."
- Home Support Aide, Camosun, Victoria – Certificate/Pre-employment. One comment was that this course is comparable to SIAST – "they might have to take PART and Post-acute courses."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being very difficult, 3 being neutral, and 5 being not difficult at all, in general, how difficult it would be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs, such as the LPN or RPN/RN. Each respondent provided a rating of either 1 or 2 out of 5 indicating it is difficult/very difficult to use the certificate to ladder or transfer into other programs. The average rating by Saskatchewan training providers was 1.50.

Reasons for their rating included they "very little credit is given for Aide content or practicum experience to ladder to the LPN," and "more work should be done to design theory for one program to complement the LPN program." It was also stated that "the potential is there – opportunity to bridge. In Saskatoon, Kelsey is working toward HCA/SCA graduates to fill in blanks which would allow merging with LPN."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being not adequately recognizes, 3 being neutral, and 5 being fully recognizes, in their opinion, how well existing Saskatchewan Home Care/Special Care Aide training programs recognize prior learning and experience, also referred to as PLAR. The Saskatchewan respondents were not in agreement on this issue as one provided a rating of 2 out of 5 and the other provided a rating of 5 out of 5. The average rating by Saskatchewan training providers was 3.50. The respondent who provided a poor rating indicated that "challenge exams could be used to assess clinical or theory skills."

The respondents were asked, in their opinion, if there are any barriers for a student applying for PLAR in Saskatchewan. One respondent said "yes," indicating "some colleges do not provide for it such as SIIT and SBC." The other respondent indicated "it depends how PLAR is applied. Courses like CPR, PART, and Food Safe are provincial and recognized by all programs."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being not adequately recognizes, 3 being neutral, and 5 being fully recognizes, in their opinion, how well existing non-Saskatchewan Home Care/Special Care Aide training programs recognize prior learning and experience, or PLAR. One respondent did not know and the other respondent provided a rating of 2 out of 5 stating that it is not offered with the exception of Manitoba.

The respondents were asked in their opinion if there are any barriers for a student applying for PLAR outside of Saskatchewan. One respondent did not know and the other respondent said "yes" indicating "if a college does not offer it, but evidence of prior learning is provided, it should not be hard."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being does not meet needs at all, 3 being neutral, and 5 being meets all needs, in their opinion, how well existing Saskatchewan training programs in general for Home Care/Special Care Aides meet the needs of employers. Both Saskatchewan respondents provided a rating of 5 out of 5.

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being does not meet needs at all, 3 being neutral, and 5 being meets all needs, in their opinion, how well existing non-Saskatchewan training programs in general for Home Care/Special Care Aides meet the needs of employers. One respondent did not know and the other respondent provided a rating of 5 out of 5

The respondents were asked what they feel are the main barriers for urban, rural, and northern people to obtain Home Care/Special Care Aide training. Both respondents indicated the main urban barrier was cost (of both the program and lack of income during the training period). The main rural barrier mentioned was access to the program. The main responses provided for northern barriers included access and level of education of applicants.

The respondents were asked what new skill areas, if any, will be required over the next five years for Home Care Aides. These skill areas, along with the perceived required changes in training, are outlined in the following table:

New Skill Areas	Training Changes
• Increased observation skills, dressings, care of various drains and tubes, new equipment • Post-acute assessment skills for medical conditions	• Need more access to clinical practice, lab and theory regarding new skills. • Enhancement of some of the existing courses. More depth.

The respondents were then asked the same question regarding what new skill areas, if any, will be required over the next five years for Special Care Aides. These skill areas, along with the required changes in training, are outlined in the following table:

New Skill Areas	Training Changes
• Acute care – observations, pediatric, palliative care. Long term – blood pressure, simple dressings, simple treatments • Post-acute assessment skills for medical conditions	• Access to acute care clinical practice, new skills in lab and theory. • Enhancement of some of the existing courses. More depth.

When asked if there are any additional needs or niches that could be filled by Home Care/Special Care Aide training programs in general, the following were the verbatim responses:

- SBC already includes acute care theory but as yet is unable to get clinical practice. Access to training programs by the personal care homes and private nursing agencies.
- In our program, expanded Palliative care and acute care – want to be at home in last stages. Working with children (special needs) on the pediatric unit – can do baths, play, etc.

Using a scale of 1 to 5, with 1 being very difficult, 3 being neutral, and 5 being not difficult at all, the Saskatchewan training providers commented on how difficult it is for Home Care and Special Care Aides to move to or transfer between employers, unions, and health districts within Saskatchewan. The results were as follows:

4.3.4.5 Employers Within Saskatchewan

Home Care Aides:

- Both respondents thought it would be not difficult/not difficult at all for Home Care Aides to transfer between employers within Saskatchewan. The average rating was 4.50.

Special Care Aides:

- Both respondents also thought it would be not difficult/not difficult at all for Special Care Aides to transfer between employers within Saskatchewan. The average rating was 4.50.

4.3.4.6 Unions Within Saskatchewan

Home Care Aides

- One respondent provided a rating of 3 out of 5 while the other respondent provided a rating of 5 out of 5 which indicates that overall it is thought that there is not a great deal of difficulty for Home Care Aides to transfer between unions within Saskatchewan. The average rating was 4.00.

Special Care Aides

- As with Home Care Aides, one respondent provided a rating of 3 out of 5 while the other respondent provided a rating of 5 out of 5 which indicates that overall it is thought that there is not a great deal of difficulty for Special Care Aides to transfer between unions within Saskatchewan. The average rating was 4.00.

4.3.4.7 Health Districts Within Saskatchewan

Home Care Aides

- One respondent thought it was difficult for Home Care Aides to transfer between health districts within Saskatchewan as a rating of 2 was provided. The reason given for this rating was that it was difficult to transfer if the health district was not in the same union. The other respondent provided a rating of 5 out of 5. The average rating was 3.50.

Special Care Aides

- As with the Home Care Aides, one respondent thought it was difficult for Special Care Aides to transfer between health districts within Saskatchewan as a rating of 2 was provided. The reason given for this rating was that it was difficult to transfer if the health district was not in the same union. The other respondent provided a rating of 5 out of 5. The average rating was 3.50.

Using the same scale of 1 to 5, with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, the Saskatchewan training providers commented on how difficult it is for Home Care and Special Care Aides to move to or transfer between employers and unions within other provinces. One responded indicated they "don't know." The other respondent provided a rating of 5 out of 5 for both Home Care and Special Care Aides to transfer between employers within other provinces and a rating of 3 out of 5 for both Home Care and Special Care Aides to transfer between unions within other provinces.

The respondents were then asked in their opinion, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Home Care Aide transfers either to or from Saskatchewan, how difficult is it for the Home Care Aide to get the necessary upgrades if they are missing specific competencies. The two Saskatchewan respondents were of very differing opinions as one provided a rank of 5 out of 5 and the other provided a rank of 1 out of 5. The latter indicated this is because "competencies are determined by one training facility rather than by a provincial body." The average rating was 3.00.

The respondents were then asked in their opinion, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Special Care Aide transfers either to or from Saskatchewan, how difficult is it for the Special Care Aide to get the necessary upgrades if they are missing specific competencies. Again, the two Saskatchewan respondents were of very differing opinions as one provided a rank of 5 out of 5 and the other provided a rank of 1 out of 5. The latter indicated this is because "competencies are determined by one training facility based on their expectations. Reviews of out-of-province programs are costly and take considerable time requiring the applicant to wait or unable to receive the top salary according to education." The average rating was 3.00.

When asked whether they feel many Home Care/Special Care Aides continue their education and branch into another occupation, such as an LPN or RPN/RN, one respondent answered "yes" while the other answered "no" to this question.

4.3.5 General Industry

When asked what they think are the most pressing general issues facing the Home Care and Special Care industries, the verbatim responses given for both industries were as follows:

- The applicants who want to do this kind of work often have the 'caring' interest but their level of education, learning ability and personal life skills tend to be at a lower level. Major problems with attendance, sick time, child care.
- Role changes and amount of responsibility. More expected of them in charting and assessment.

When asked how they think these issues can be resolved, the responses included "more time spent in the program on life skills, responsibility and accountability followed up with emphasis and role modeling in the clinical setting" and more in-services on important areas (i.e. dementia care).

The most pressing general training issues facing the Home Care and Special Care industry was stated by one respondent as dementia care, assessment in home, and the child-care area. One specific comment by the other respondent regarding the Special Care industry was as follows:

> "An agency, other than a training provider (i.e. not SIAST) set the standards and regulate the training programs. There must be strong input from employers. Better interprovincial agreements to approve similar programs – again, an agency other than a training provider but directly reflecting employer needs."

Verbatim comments regarding how these issues could be resolved include:

- Training facilities and employers agree on an approval body and both have input into setting standards and competencies.
- Post-certificate in Special Care Children's, training in institutions – can integrate it into program without making it longer than it already is.

Respondents were asked to comment on how training providers could work together to standardize training for Home Care/Special Care Aides. The following are the verbatim responses:

- Have standards set by employers/provincial committee and trainers meet these standards. The training provider should not be setting the standards – industry knows what is needed and what is to be updated or kept current. The training program must be practical.
- In Saskatchewan there was only one provincial program. SIAST and Saskatoon Business College came on board – would have to be a desire of all parties to have a standardized curriculum.

When asked what other groups could be involved in standardizing this training in Saskatchewan and across the western Canadian provinces, the following verbatim responses were provided:

- SRNA – Aides work under the direction of Registered Nurses who are responsible for their supervision and actions. There should be some common licensing for Aide practitioners. Inter-provincial agreements done through other training agencies.
- A licensing body for HCA/SCA program has to start within the group or Saskatchewan Health, or whoever. It would look after issues that are current. For example, refresher programs for those away for a while.

4.3.6 Key Findings

Key findings from the Saskatchewan training provider survey include the following points:

- The number of full-time, part-time and casual Home Care and Special Care Aide positions in the Saskatchewan industry is expected to increase in the next five years according to the Saskatchewan training providers.
- Both respondents feel it is difficult to recruit and retain qualified Home Care and Special Care Aides, especially in casual positions. Some solutions for overcoming these difficulties include creating more full-time/part-time permanent positions, increasing wages, guaranteeing hours, improving the image and working conditions, and job sharing.
- The top job related concerns respondents thought Home Care Aides have include casual work/no assurance of a regular income, short shifts (i.e. 6 hours or less), stress in the work environment, and heavy workload/understaffed.
- The top job related concerns respondents thought Special Care Aides have included casualization, heavy workloads, performing duties not within scope/poor standards, and burnout.
- Generally Saskatchewan training provider respondents felt both Home Care and Special Care Aides in Saskatchewan are satisfied with their job, with satisfaction being ranked highest for full-time (3.50) and part-time (3.50) and 'neutral' for casual (3.00). This is based on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
- Saskatchewan respondents felt both Home Care and Special Care Aides in Saskatchewan are satisfied with the extent to which their skills are being utilized, with satisfaction being ranked as 4.5 out of 5 for all three types of positions (i.e. full-time, part-time, and casual). This is based on a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied.
- The respondents were asked to provide, in their opinion, the top five knowledge areas required for Home Care Aides and Special Care Aides. Responses included:
    - Client observation
    - Physical and emotional care
    - Communication and interpersonal relationships
    - Professional work ethics
    - Ability to work alone
    - Treating others with respect and dignity
    - Ability to relate and make decisions in co-operation with others
- The minimum education and experience qualifications required when hiring Home Care Aides and Special Care Aides, from the perspective of the training providers, varied in terms of the levels required.
- The respondents indicated that it would be difficult/very difficult to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs such as the LPN or RPN/RN. This is shown by an average rating of 1.50 out of 5, with 1 being very difficult, 3 being neutral, and 5 being not difficult at all.

- The responses were split regarding how well existing Saskatchewan and non-Saskatchewan Home Care/Special Care Aide training programs recognize prior learning and experience, or PLAR. They were also split regarding whether there are barriers for a student applying for PLAR in Saskatchewan.
- When asked how well existing Saskatchewan training programs in general for Home Care/Special Care Aides meet the needs of employers, both Saskatchewan respondents provided a rating of 5 out of 5, with 1 being does not meet needs at all, 3 being neutral, and 5 being meets all needs.
- The respondents were asked what they feel are the main barriers for urban, rural, and northern people to obtain Home Care/Special Care Aide training. Both respondents indicated the main urban barrier was cost (of both the program and lack of income during the training period). The main rural barrier mentioned was access to the program. The main responses provided for northern barriers included access and level of education of applicants.
- New skill areas expected to be required over the next five years for Home Care Aides include increased observation skills, dressings, care of various drains and tubes, new equipment, and post-acute assessment skills for medical conditions.
- New skill areas expected to be required over the next five years for Special Care Aides include acute care – observations, pediatric, palliative care; long term – blood pressure, simple dressings, simple treatments; and post-acute assessment skills for medical conditions.
- In addition, there were needs and niches identified that could be filled by Home Care/Special Care Aide training programs. For example, acute care, Palliative care, and special needs children were identified.
- In general, it was perceived by Saskatchewan training providers that overall it would not be that difficult for Home Care Aides and Special Care Aides to transfer between employers within Saskatchewan (4.50), unions within Saskatchewan (4.00), and health districts within Saskatchewan (3.50). This is based on a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not difficult at all.
- Respondents were asked, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Home Care Aide transfers either to or from Saskatchewan, how difficult is it for the Home Care Aide to get the necessary upgrades if they are missing specific competencies. The two Saskatchewan respondents were of very differing opinions as one provided a rank of 5 out of 5 and the other provided a rank of 1 out of 5. The latter indicated this is because "competencies are determined by one training facility rather than by a provincial body." The average rating was 3.00.
- Respondents were also asked, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Special Care Aide transfers either to or from Saskatchewan, how difficult is it for the Special Care Aide to get the necessary upgrades if they are missing specific competencies. Again, the two Saskatchewan respondents were of very differing opinions as one provided a rank of 5 out of 5 and the other provided a rank of 1 out of 5. The latter indicated this is because "competencies are determined by one training facility based on their expectations. Reviews of out-of-province programs are costly and

take considerable time requiring the applicant to wait or unable to receive the top salary according to education." The average rating was 3.00.

- Respondents were of differing opinions as to whether they feel that many Home Care/Special Care Aides continue their education and branch into another occupation, such as an LPN or RPN/RN.

- Examples of the most pressing general issues facing the Home Care and Special Care industries were identified as applicants have a 'caring' attitude but not the proper background and changing roles and responsibilities. When asked how they think these issues can be resolved, the responses included "more time spent in the program on life skills, responsibility and accountability followed up with emphasis and role modeling in the clinical setting" and more in-services on important areas (i.e. dementia care).

- The most pressing general training issues facing the Home Care and Special Care industries, as stated by one respondent, include dementia care, assessment in home, and the child-care area. The other respondent indicated there is a need for a non-training provider agency to ensure training meets the needs of employers and the industry.

- Respondents commented on how training providers could work together to standardize training for Home Care and Special Care Aides. Examples included:
    - Have standards set by employers/provincial committee and trainers meet these standards (the training provider should not be setting the standard)
    - Bring various training providers together

- A variety of groups were identified by the respondents when asked what other groups could be involved in standardizing this training in Saskatchewan and across the western Canadian provinces. These groups included:
    - SRNA
    - A licensing body for the program has to start within the group or Saskatchewan Health, etc.

4.4 Industry Association Survey

An attempt was made to contact industry associations and all relevant unions (CUPE, SGEU, and SEIU) by telephone between November 29 and December 14, 2001. A copy of the Industry Association Survey that was developed is found in **Appendix K.**

While there were many informal regional groups, no formal provincial associations were available to speak to the issues relevant to this report. In addition, the unions were unavailable due to contract negotiations during this time period.

5 Industry Validation - Focus Groups

Mercury Information Services completed five focus groups with representatives from relevant areas of the Health Care industry. Following a survey, focus groups are used to validate the information gathered and explore in greater depth key findings or issues that are identified in the survey. Each of the groups was recorded using audio equipment. A moderator's guide was used to stimulate discussion during the focus groups. A copy of the moderator's guide is included in **Appendix L.**

The following areas were covered in the focus group process:

vi. Employment status;

vii. Recruitment and retention;

viii. Skills;

ix. Training; and

x. General industry.

There were five groups conducted at the following locations:

- Regina – Public Employers (does not include Regina Health District)
  Monday, February 4, 2002
- Saskatoon – Private Employers
  Wednesday, February 6, 2002
- Saskatoon - Employees
  Wednesday, February 6, 2002
- La Ronge – Employees, Employers, Training Providers and a Saskatchewan Health Representative
  Thursday, February 7, 2002
- Saskatoon – Regina Health District, Saskatoon Health District, Training Providers and SAHO
  Tuesday, February 26, 2002

Participants were recruited for the focus groups from the database of companies who were either participating on the Steering Committee/Referent Group or are members of the health care industry either employing or representing Home Care/Special Care Aides. It was decided by Mercury Information Services and members of the referent group to breakdown the focus groups by 'category' so that every group would have an opportunity to participate. These groups included public sector employers, private sector employers, employees with certificates from 1 of the 3 accredited training providers, a northern group representing employers, employees and training providers and finally a focus group with the 2 largest Health Districts, training providers and SAHO.

As part of the focus group process, a demographic overview of survey respondents was included in the Focus Group Moderator's Guide This has been included in the focus group write up to give the reader a more clear picture of the information participants were basing their responses on.

Demographic Overview

The surveys were a random sample and were not intended to provide a statistically significant profile of the Saskatchewan industry.

Employer Survey:

In total, 101 employers were contacted by telephone between November 29 and December 18, 2001.

- Employers were from health districts (30.7% or n=31/101), operated long-term care facilities (32.7% or n=33/101), personal care homes (21.8% or n=22/101), community health centres/integrated facilities (12.9% or n=13/101), or "other" (2.0% or n=2/101) which included employers who operated a blend of facilities.
- Approximately half of respondents (51.0% or n=50/98; missing=3) are rural, with 30.6% (n=30/98; missing=3) being urban, 16.3% (n=16/98; missing=3) from out-of-province, and 2.0% from northern locations (n=2/98; missing=3).
- The majority of employers (65.3% or n=66/101) have been in business over 16 years, followed by 6-15 years (25.7% or n=26/101).
- The majority of employers (56.4% or n=57/101) indicated they employ over 50 people, followed by less than 20 people (25.8% or n=26/101) and 21-50 people (17.8% or n=18/101).
- Of the employers surveyed 64.4% (n=65/101) are public sector organizations, 19.8% (n=20/101) are private organizations, and 15.8% (n=16/101) are from out-of-province. Of the public organizations, 10 are affiliates.

Employee Survey:

In total, 100 employees were contacted by telephone between November 29 and December 14, 2001.

- The majority of respondents (67.0% or n=67/100) were between 36 and 55 years of age.
- Almost all respondents (97.0% or n=97/100) were female.

Training Provider Survey:

In total, nine training providers were interviewed by telephone between November 29 and December 14, 2001.

- Of this nine, two were Saskatchewan training providers and the remainder were from other Western Canadian provinces.

5.1 Regina: Public Employers Focus Group

The Regina public employers focus group was conducted on February 4, 2002. Participants included:

Joanne Wilm	Central Butte & Regency Manor
Sandra Coates	Extendicare, Moose Jaw
Bev Birns	Touchwood Qu'Appelle Health
Lois Dixon	Balcarres Integrated Care Centre
Cecile Hanevelt	Moose Jaw Thundercreek Care
Margaret Jacques	Pangman Health Centre
Carol McLean	Yorkton Regional Health Care
Diane McDougall	Moosomin Union Hospital

5.1.1 Employment Status

The participants generally agreed with the following profile regarding Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

One respondent commented that *"we do have some RN's who haven't re-registered that are working as Home Care Aides… who have let their… nursing registration lapse … and some LPN's… who haven't updated their registrations so they are working as Home Health Aides."*

When the participants were asked what is required to maintain certification, the responses included hours of practice and payment.

> "You have to pay and hours of practice."
>
> "LPN's are not like RN's. An LPN… can get it by just paying the money, whereas RN's… have to do refreshers if they let it lapse."
>
> "You still have to have hours."

> "… they can challenge what they have been doing against it and then that can count as hours of practice… "

The participants commented on whether it is a prerequisite that their employees have a certificate. Some stated that the employees do not have to have a certificate and others stated that they need to get a certificate within two years. One participant mentioned that their union grandfathered in Aides.

> "All of our employees do not have the Home Health Aide Certificate."
>
> "… we also have some Special Care Aides working for us who don't have a Home Health Aide (certificate)… well, they have maybe got their Special Care Aide (certificate) through Valley View… "
>
> "We do have resident Aides that are currently working on (their) Special Care Aide (certificate) and we do have a two-year hiring clause."
>
> "Well, the CUPE contract states that (employees need a certificate within two years of employment). I think that's in our union as well - it says that or equivalent."
>
> "… the contract pushes… that you are supposed to get it within two years but we built a new facility two years ago and when we had meetings with the union about joining, because it was two facilities that we amalgamated … we had to… come up with how we were going to do it and so there was a grandfathering of the Aides that didn't have training. They would be put into the same (category) as those that had training and we offered an in-house class and only one out of those people that didn't have their certificate is taking it. So the union (has)... ways of going around things in order to keep the members happy. But now… we are hiring people with courses."

The relevant participants were asked what would happen if employees did not get their designation within the required timeframe. The responses ranged from the timelines could be extended to it affects their ability to get a position.

> "I think we would extend it but we would encourage them to set timelines."
>
> "With us to extend it, you have to go through CUPE. I guess you could try, but they are pretty strict with that because they want their people with training to have a position."
>
> "They are not allowed to obtain a position. They have to remain on the casual roster with a red circle on the salary scale."

One participant commented that role confusion arises due to the different titles that are used in the industry.

> "… I think that some of the confusion with this whole role is that people are called Home Health Aides or Resident Attendants or Special Care Aides or Home Care Aides or Special Care Aide/Home Care Aides and it seems to sort of focus on the same group of people when indeed, it is not necessarily so, because Resident Attendants don't necessarily have any training other than some… on the job experience such as as a Nurses' Aide."
>
> "… it's part of what's in a name. I think that if you have the designation, then I, as an employer, know what you have training in… there is a whole disparity out there about what

> people are and aren't and so when someone comes in to apply for a job, if they have 20 years experience as a Nurses Aide, they feel that they are equally qualified but yet they don't have a certificate to say so."

One participant commented that in addition to addressing job titles, *"there needs to be regulation. So I don't know if that encompasses yet another regulatory body that peruses the professionalism or what.... "* The participant stated that there currently is no regulatory body that does this at the moment.

When asked whether they agree that approximately one-quarter of employers employ Aboriginal people in their organization, the participants commented that they employ either zero or less than 25 percent. Some reasons provided for their percentages include a lack of Aboriginals in their area and Aboriginals have their own programs on some of the reserves.

> "Certainly in our area we do not have (25%) and it's just the availability of people that you could have hired because of our regional area... although there is a program or initiative right now to have representation in the workplace."
>
> "That's all we have right now. I don't really know why. We have students... coming from SIIT and they do their practicum... with us but I haven't been involved in any of the hiring so I don't know in terms of how many have actually applied, whether it has been an issue or not."
>
> "In our area, I don't think we really have any Aboriginals. It's not that they wouldn't hire them; it's just that there aren't any in that area, so it's not really applicable."
>
> "... we have quite a few. I don't know if it's 25%. We have them and they do practicums with us but also the reserves have their own Home Care Aide programs so a lot of those people get work like that. I think the Special Care facilities have more than we do... "
>
> "... the problem is we would probably hire more but it again comes down to... (having) seniority hours to bid..."

The participants generally agreed that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services. However, they do not feel that housekeeping is a main duty of Home Care Aide type positions anymore, and in urban areas, housekeeping is being done by private services.

> "... we are doing less and less housekeeping except in the rural area where they don't have access to housekeeping services... so we still have a little bit of housekeeping but it's certainly not a large priority anymore."

Some respondents felt that Home Care Aide type positions have additional duties, such as palliative care, medication assistance, assessment and psychosocial care.

> "... that's what the Aides do. They are involved in the palliative care... (as well as) personal care... and respite."
>
> "We have a procedure. It's under the direction of the RN. It's quite involved but it's a big issue. We have a lot of cognitively impaired living at home now who can't manage their medications and we try to make sure it's safe for Home Health Aides to do it... "

> "… and being able to assess. The other thing that I think is a huge piece of the Home Care/Special Care Aide's daily business is the psychosocial. I think the personal care and… the meals are very important, but sometimes the MOST important thing that the Aide does…is to be there and communicate and talk to these people when they are shut-in."

When asked what type of training was being done for these additional duties, the respondents replied in-servicing and the assignment of tasks.

> "…we have actually done a lot of in-servicing on our new policy and we are still having a lot of problems so it's really difficult."
>
> "We did a lot of assignment of tasks for eyedrops, eardrops, stockings, patches off-on, lots of those kinds of things… the assignment of tasks is specific to the Aide that is doing the care and it is specifically set up by an RN or the supervisor. There is criteria of how you set it up… sometimes there is a certain assessment goal and level that needs to be with it and I am not certain that it's there in terms of the training and education that they have."

The participants were asked what role the volunteers play, such as doing friendly visits. The respondents indicated that the volunteers are not able to do much as they are so busy, and there is not a huge volunteer base available.

> "The volunteers are so taxed in so many things that there isn't a lot of time allotted for any of them to just sit and do that type of thing and I think that even with the Home Health Aides, their time is so limited in terms of what we can afford to let them do, (visiting is) the first thing that has been cut out... "
>
> "… the baby boomers are the next generation of volunteers and we are all working. So the volunteers that are doing the volunteering are aged and they are needing volunteers. It's the old looking after the old right now."

When asked whether more of a volunteer base would help, the respondents did not seem optimistic that it would.

> "I don't think they are there. They are all busy with after-school jobs and sports and the world."
>
> "Especially in home care, the screening that has to take place… You are sending people into these people's homes so you really have to be careful there because there are some horror stories."
>
> "… it's a mixed bag what they need. We say it's psychosocial and they are just in there but they are in there… assessing and they are seeing the big picture. It's more than just sitting down and talking to them. There are skills they are using to take that information back to us."

Those that have Special Care Aides generally agreed that the main duties for those type positions are basic daily personal care, meals and feeding, and socializing/entertaining. Some additional duties mentioned include providing family counselling, family networking, dementia, and assessing.

> "I know my staff has done a lot of end-of-life care, which is something that at times is difficult… mostly it's just on-the-job training and trying to support the people that have more to do with the dying people… it's just communication… "
>
> "… one thing that I would like to stress is that the cognitively impaired, the Alzheimer's patients, (are) a big point in nursing homes now because that's the type of client that I think we are going to have more of and (how to handle those people)… is something that I don't think is taught enough in a course."
>
> "… there is also the assessing… they are the ones that are working with those residents and are the ones that have to report to the RN, RPN, or LPN regarding any changes in them. I really push that they learn how to know little signs… it is taught a little bit but they don't have to do it in their training… with some of my Special Care Aides… because we are an integrated facility, they also know CPR… because they may (have to) help if we really need them in different locations."

The participants were told that some of the main differences noted between urban, rural and northern survey respondents included travel issues, cost and accessibility of training. One participant responded that there are other issues between urban and rural, such as the fact that rural areas do not have much access to vans to get elderly people into the city, and private services for homemaking do not exist in the rural areas.

In addition, rural Home Care Aides have to take on more tasks, such as nursing tasks, it is difficult to find private care providers in rural areas, and rural Aides do not have the support that urban Aides have. One participant felt this has resulted in rural Aides being more independent.

> "… even the Home Care Aides are doing a lot of different tasks… like nursing tasks… The way our Home Care program is set up is pretty different from most of them in the province in that we have hired nurses who do the nursing assessment and co-ordination for the Home Care program… because I am the only supervisor for them, they are paid as Team Leaders who do all the scheduling for the Home Care Aides so that is certainly different than you would find in the urban areas…. their assessment skills have to be pretty good because you don't have a nurse in the office all the time… "
>
> "… our waiting list for placement is really long for everybody so families will try and find a private care provider. Well, in the rural areas, that is really hard."
>
> "I find rural is difficult too because sometimes your Aides are very isolated and they don't have access to the support that urban Aides have. They are alone a lot and they use their telephone to report in to us. That's kind of their lifeline… They started just recently the work alone policy… as (part of) Occupational Health and Safety so when our Aide starts her day, she phones into our office and when she is done her day, she phones into the office… there are alternative numbers given and if we can't get in touch with the Aides… the RCMP is contacted… So that is a security thing for these Aides working alone."
>
> "I find that I have both rural and urban Home Health Aides and really, the staff are quite neglected in the communities. They are very independent and are very good at what they do, but they have to be because… we are not out there, they are not being supervised and they deal with situations… they pretty well have them looked after before we… hear about (them)."

> "… the strength in the rural area is that they know their own people."

Another problem mentioned about the rural areas was that the work is often not available once rural Home Health Aides complete their training. The participant also commented that when people work elsewhere, they tend to work in the same type of industry.

> "We have one Home Health Aide we hired last March and we have hardly been able to give her any work at all, so she can't keep her skills up plus she is probably going to look elsewhere and is working elsewhere."

One of the participants stated that it is difficult to get rural Aides when you need them.

> "I work in a rural area… and organize Aides from there. When they work in a rural area, they work in a facility as an Aide also so it limits your… access to… them because of course they … can't give both up… Either they are overloaded or there is nothing… "

When asked whether they feel there is difficulty in accessing training, one respondent replied that it is getting a little better as there are some in-house programs going and *"we have one for the First Nations at SIIT,"* but *"the big thing with the training for the home care program is the expense."*

> "If they are in the part-time program, it is very costly and most of these women or men taking this course… are… from families where they are the single parent… "

Another participant stated that travel is usually required to access training, and one participant indicated that rural staff takes courses at community colleges as they are available. Still another participant reiterated that cost is expensive for what they receive.

> "With the training in a local hometown, you have to have so many people before SIAST will come and set up a class. That is very restrictive because it's very hard to get that many people in a small area… I had two or three girls that traveled 120 kilometers to the town teaching it and they did it several times a week for (a 4 hour class)… they just found it awful."
>
> "As far as availability to continuing education, I think most of the staff has just gone through the community colleges as their courses are offered…"
>
> "… it's a very expensive program for what they come out with because there is not a lot of flexibility for them in terms of carrying it, but it is getting better… "

One participant agreed that Saskatchewan has one of the top programs in terms of graduates not having to upgrade as much when moving to other provinces, *"but then these people have to pay for curriculum study in order to be able to have that apply."* The participant also made a comparison between the LPN and Special Care Aide courses in terms of mobility given that the time commitment and cost is similar for the programs.

> "… (considering the difference in) the fluidity of the LPN compared to the Special Care Aide… there is not a whole lot of difference (in the cost of the training and the time involved)… on-the-job training… was very expensive… (for) the employee most of all."

One participant stated how much of a sacrifice it is to take any type of training.

> "The education component is tough for those working, even if it's in-house... (for) people who are working shift-work, that means a lot of trading shifts to take it."

Some of the participants discussed how on-the-job training seems to be discouraged by the College (SIAST).

> "I don't know but does the College not really recommend that you teach the course in-house anymore? I know that we attempted to do that this year and we actually did send a teacher, a nurse that was hired for the course, and it was recommended to her that she didn't do it...(they are discouraging on-the-job training)... with these modules."
>
> "That's because it's money out of their pocket... "
>
> "And it's standardized... when somebody graduates and they get a certificate, you know what they've got if they've gone through it, but you don't know about the teachers and such... it could be watered down and filtered and changed each time it is given. I can understand wanting to maintain control over it that way."
>
> "... you can take some of the modules by correspondence. But these teachers... have to... be orientated and they have to follow the curriculum."

The participants were asked whether it would make it easier for employers and employees to take these programs if SIAST had more instructors that were available. Two participants stated that it really depends on the cost to the employee.

> "I think it comes down to the cost to the employee because most of them have to give up their position to go and take the course and then they just don't have the money."
>
> "I think most of the population that are accessing this kind of training just don't have a lot of access to funding... If they have to leave their home community, most of them can't afford that so it comes down to the course being offered in their home community, and if it is, there has to be a captive audience to make it worthwhile for SIAST or whoever to set up the program and teach it there... "

Participants spoke about the poor image of the Home Care field and how the perception, as well as some of the realities, hinders people from going into this type of training.

> "... it's getting a little less, but at one point, the public and even facility staff, saw Home Care Aides as glorified housekeepers and so a lot of the girls have some bad feelings about going into it ... and they aren't... (The image) is slowing changing, but... it is not one of your most popular fields to go into."
>
> "... travel time, the isolation and getting enough hours... It's hard to attract people into something when they are only going to get a little bit of time."

5.1.2 Recruitment and Retention

When asked what they thought the health care industry in general could do to overcome some of the recruiting and retaining difficulties for Home Care and Special Care Aide type positions, enhancing the image of the industry and accentuating the job positives, offering full-time and other types of desired employment and job security, increasing job satisfaction, and offering training and bursaries were the type of responses mentioned.

Enhancing the Image of the Industry/Accentuating the Job Positives:

> "... All I can offer when they start is casual... It's really difficult and I don't know how to solve it. I looked at trying to have full time positions but it just didn't seem possible because work needs to be done first thing in the morning with wake-ups and then maybe meal prep and suppers and tuck-ins. There is nothing in between. I think maybe the Home Health Aides' image... especially those in Home Care... needs to be enhanced because they are wonderful people but I don't think that people really appreciate them."
>
> "I had sixteen... Special Care Aide graduates last spring. Not one of them applied for Home Care... This year I am meeting with them all first and I am going to plug Home Care before they even start... "
>
> "The travel and the independence - sometimes that is a positive because some of the Aides just love that independence... and some just don't."
>
> "Even some of our employees that work in other departments see that the 24 hour coverage is attractive and will start coming from the housekeeping department to start taking the course in hopes that they can transfer over to a position."

Employment Status and Job Security:

> "... the Home Care Aide is given a client assignment and when the client disappears... there is no security. I think that's what drives a lot of them into the Special Care Aide programs and into other areas - to try to find some security."
>
> "With CUPE, they dictated in the last contract that you develop as many permanent or full time positions as you could and we have done that... But it's your casual... to retain them is really, really hard ... What I have done in our Health District is in some of the cases where they have banked time and they are scheduled to do a client today and don't for whatever reason, we have them come into the facility and help out with different things... these people are going to get paid anyway, so they are doing something to get paid but it's not addressing the frustration for our rural people. Now with our new contract, we are going to have to post all of those (relief) positions again so who knows what is going to happen there."
>
> "... in a Special Care Home... we are always looking to hire casuals. I mean there are just not enough casuals to hire. SEIU did exactly the same thing at their last round. They employed us to make all full time positions, which we did. Then they came back to us and wanted part time positions so we had to cut... half of them back to part time positions because the members wanted them... "
>
> "I think most of it is dealing within the contracts. We are sharing staff... between acute care and long-term care... and when you are only offering them a four-hour shift... somewhere in the day they are going to be offered a longer shift... and Home Care loses out all the time... we are downsizing so much and what we are offering to clients has decreased so it's not looking positive for anybody. Some of the facilities have the same block of time where all that care has to be given so we have always been challenged to find new ways to do things

> and it's hard to think of a way to incorporate a Home Care worker alongside… a position that is multi-facility… "

Increasing Job Satisfaction:

> "… we have a lot of case conferences that makes their input really valuable so they… feel part of the team… "
>
> "…you just have to make it as positive a workplace and make it a positive job."
>
> "…the split shifts. You know how they come in in the morning or come in at noon… They seem like they are working all the time… Whereas when others come in to work, they put in their eight hours and are done."
>
> "Even with their hours and banked time, we try and have them do something interesting, like watching educational videos and do things like that to keep them motivated and positive."

Training and Bursaries:

> "In our District, because of the negotiations for the new facility, it was negotiated that we would put in an in-house course and it is opened up, not only to people in nursing but the other departments… and it doesn't cost as much as a course that would be run by SIAST. If they graduate, the District gives them a portion of what they commit back to them so there is a little incentive there… the Districts have been looking at bursaries and things like that to recruit RN's and lab people and LPN's… "

One employer was unsure of what could be done.

> "What can the employer do? You are bound by collective agreements so you can't offer a permanent position - it goes by seniority. You can't do anything with wages, you can't offer any frills. We might have an educational budget and would consider applications anyway."

The participants were asked what initiatives could be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aide type positions in Saskatchewan. When one participant mentioned that the practicum students go out with their Home Care Aides, another participant stated that the instructors should be doing more of this instead of the employers.

> "I say to… most of them that have taken the course… for us to be able to hire people that can really provide them relief for holidays and sick time… these people have to get their training somewhere, so we need to help them."
>
> "I understand it is work but the instructors also have to be a little more involved with the assessments. Depending what course it is, some… go out with the girls and meet with them and … the staff but some leave it up to the facilities."
>
> "I have a big gripe about the instructors not supervising the students when they are taking their practicums… because that is off-loading."

When asked whether training providers should be in there from start to finish instead of leaving it halfway through to the potential employers, one respondent commented that *"it can be quite an onerous task (for employers) to try to make sure that those students all get a smattering of experience… "*

One respondent stated that training providers can *"encourage them to put resumes in."* Another stated that the trainers should use a tougher evaluation process.

> "... there should be more evaluation of these girls as they are going through (the course)... say... you're not meeting our standards, therefore you are not going to continue our course. I don't think that goes on."

Another participant commented that there should be a tracking process when they leave the course.

> "What about tracking? When they leave the course, how many actually stay in the profession and if they didn't stay, is there a reason why?"

The participants were asked what could be done to address the need for more part-time and casual employees. There were comments that the collective agreements need to be relooked for Home Care as the rules do not seem to apply. As well, more realistic communication needs to occur with students regarding the type of position they can expect upon graduation. This type of information should also be available *"when they apply for the training."*

> "... since collective agreements have come in to Home Care, I think they are having to learn that Home Care doesn't fit the same rules as other institutions at all and they are having to rethink all of their agreements... because we can't follow the same rules. It is just not possible."
>
> "I think... a lot of Districts tried... to keep pace... with the collective agreements so the Home Care Aides did find it attractive to work in Home Care. So then this collective agreement came in and it disallowed flexibility and... in Home Care, you need flexibility. It stopped these Home Care Aides from being able to do some of the extra little things that they did... because it pushed them into these very sequential and organized... ways of giving their care and it... ruined... some of the inherent qualities that were there and that has become a retention issue."
>
> "... maybe it needs to be talked about in their training, that when you are done, you might not go to a full-time job. You might have to start off at the bottom and work your way up to get a position... and that yes, there are shifts and there are weekends and after-hours."

One participant commented that there needs to be some type of program where a person can work with somebody to get an understanding of what the job is all about before they start the training. Another participant stated that there already *"is the shadow program - they can come in and shadow someone and see if that is exactly what they want to do."* One respondent provided a comment about supervisory training.

> "But I really do think, too, that it comes back to some of the supervisory things because there is nobody out there saying that this is the standard... the RN's for the most part don't have a problem with monitoring but are they really monitoring the right things, do they know what they are looking for? I don't think so."

In general, there was agreement with the statement that the top concerns of Home Care and Special Care Aide type positions include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.

> "I agree. They all want to maximize their hours and try to get a position."
>
> "Actually, workload is getting to be quite an issue for us… "
>
> "In the Special Care Home, I think workload is an issue. We are also getting… more acute care residents so… they have to start looking at patient care totally differently… they are actually having to take on… some of the roles that the nurses used to do… they just got a new contract and they are not happy with it… but they are getting used to it. There were some problems with it but basically workload (is a main issue)."

However, one participant felt workload was not an issue and another felt that job security and not benefits was a concern.

> "I said in our Health District, I don't think our workload is a big issue just because we are way over-staffed… we just don't seem to have the work that we had in the past."
>
> "I am not hearing any concerns about the benefits… I think that… for the most part, most people are quite satisfied with the benefits. I just think that job security is their big concern right now."

5.1.3 Skills

The participants were asked whether they had any additional skill areas to add to the list that was presented to them regarding Home Care and Special Care Aide type positions: personal care, communication, providing compassion, empathy and a caring attitude, understanding dementia and nutrition. One participant mentioned that *"… assessment skills, physical and mental… and dementia is a real problem one."*

When asked if there are any skill areas they feel are no longer used that are being taught in training programs, one respondent replied that *"… the stuff that they are being trained in is very good and it's a lot better than years ago."* One participant felt that the emphasis on housekeeping could decrease.

> "The program over the last fifteen years has emerged into quite a medical program so… I am not sure how much training you should have to do in housekeeping, if it is done, but I don't know if it should be fired out the window… in the small rural areas, there aren't the resources there… I think there could be less emphasis on (housekeeping) where our need has changed."

Many of the participants stated that assessment is very important. As well, some stated that they should be given more training in palliative and acute care, and one person commented that conflict management skills are required. Training in medications and foot care was also mentioned.

> "… the emphasis on the assessment is very important… and that has come a long way in the training, but I am sure they can continue to expand on that."
>
> "I believe the assessment is the main thing. We have a lot of palliative respite as well and some pretty acute and… we do some training for palliative aides but they could use more… "
>
> "I agree. I think the assessment skills but… in the nursing homes, what they are doing a lot of is conflict management - dealing with expectations of the family… dealing with the abuse policies, what is expected of them, dealing with… their co-workers… they really have to

> know conflict management… they sort of let the nurses do that before but now they are dealing with it."
>
> "I agree that assessment is the big thing. We are finding now that where it used to be that the same Home Health Aide was in with the same client all the time… you may have four different Home Health Aides in there… so they have to be able to recognize in a hurry when things are changing. And the medication issue… I think there needs to be some training to deal with medications."
>
> "… there doesn't seem to be much of a comfort level in foot care or palliative."
>
> "I agree totally with assessment skills… the palliative - they are getting more involved and maybe should be given more training in that."

Participants commented on how well some of the Aides do at palliative care.

> "… we actually screen the Home Health Aides that we take into palliatives but the odd time you don't have anyone else… I don't know if you have found that, too, but they are surprisingly good at it."
>
> "… they do a really good job and the comfort they can provide families and clients sometimes is even more than the RN's… "

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is. The respondents indicated that OH&S is part of their organizations.

> "… our staff… have the OH&S meetings on a regular basis. People are trained that go on the committees… Through the Home Care program in our area, they have actually denied services to some clients… because the safety of our staff was really compromised… "
>
> "I think all the OH&S stuff is pretty well mandated so it has just become a part of what you do. Working alone is the big issue. No matter how many checks and balances you put in place, it can still be… unsafe."
>
> "I think we have put in most of the OH&S things we need to but you have to really deal with them every year… "

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts. Assessment and communication with the client and supervisor were two areas mentioned. The respondents felt that training changes would be required to meet these new skill areas.

The participants were asked to comment on how they can best develop the skills and competencies required by industry to meet future needs of both employers and clients. Responses included *"working in the curriculum"* and knowing what types of clients there will be in the future and communicating that back to employees.

> "…through research, see the type of clients they (will be) looking after. A couple of years ago, I had a workshop on Alzheimer's and… (a trainer) told my staff that in years to come,

> the clientele they would be looking after in facilities would be (mainly those) cognitively impaired and if they didn't like working with those, they should look for another job. "

Another participant stated that there needs to be communication among the training providers and between the training providers and the employers who are providing in-house training.

> "I think there needs to be some communication among the educators as well because there is a grey area where pieces of information overlap in the care… I am not sure there is good communication about what an RN does, what a LPN does and what a Special Care Aide does… understand the roles in terms of changing the curriculum to provide the training."

> "If you change the curriculum… because a lot of our Home Health Aides are 50 plus... and they have been doing this for 35 years, they really think they don't need to know an awful lot… but I think they need to know what is current and changing and… we need to... make sure that they are getting that information."

The participants also mentioned that the public has some pretty high expectations for care and training is required to meet their demands.

> "For instance, we had a request from a family that we would take on a person that would come and live in our facility on… dialysis and he would require this four times a day and it would be fifteen to twenty minutes a session… Well, I can't tie up an RN for that much time, so are my Special Care Aides able to do that… the pressure is coming from the public, too, to look after these sort of people."

> "We also have some very simple things that we get a request for like a lady that has a contact lens … she can take the contact lens out but she can't put it in. They want us to go in every day and put this lens in. I know it sounds very simple but now we are going to do some sort of procedure and teach them all how to do this. There will probably be about twenty of them for one little procedure."

> "If there was just one person to teach but it's not, it's everybody."

5.1.4 Training

The employers were asked how well existing formal training programs meet the needs of both graduates and employers. One participant stated that they are excellent.

> "I think some of them that are coming out are excellent. Some of the programs are really well prepared. They (the graduates) are starting a new area and a lot of them have to gain that experience on the job, which doesn't just happen, but I think for the most part… they are pretty sharp."

When asked whether they feel more on-the-job training should be provided for Home Care and Special Care Aide type positions, some responded that it should be done as required.

> "… as a District, we get a client with special needs and we will train at that specific time… I don't think they can possibly train all these Home Care Aides and if they did, they would have forgotten it by the time they got to the client anyway… "

Another participant stated that the basics need to be taught.

> "But there is some basic stuff… we were just talking about people being on home PAD and how we had to go back to the very basics of sterile techniques… That is not something that is taught and I think that should be part of basic training … we need to go back to who does what. Whose role is it anyway… is that an LPN role as opposed to a Special Care Aide or whatever… "

One participant from an integrated facility indicated Aides are hired with their basic training and then are giving some in-house training in specific areas. Regarding assessment, this participant thought the skills were learned more from being on-the-job than from basic training.

When asked whether it would be better to focus on a single certificate instead of the dual Home Care/Special Care Aide certificate, one respondent commented that the dual certificate was better.

> "I think I know where you are going and I think they would lose the flexibility of being able to work in a Special Care Home and in Home Care to maintain some kind of security of income."

The participants were asked if there are any barriers to providing on-the-job training besides cost and time. One respondent stated that *"just the staffing to do it"* was a barrier. Others commented that lack of a supervisor and the buddy system are potential barriers.

> "I think in Home Care, you can't be with that person all the time for them to get their training on-the-job. They would have to have a buddy or whatever so they wouldn't have a supervisor… which to me would be a problem with on-the-job training."
>
> "With this buddy system, I am careful who I buddy some of the students up with because of not only personalities but the outlook on having practicums. Some staff members are much more receptive to it than others. I try and buddy them up with people that I feel would give them the best experience and support."

The participants were asked whether the expectations of the practicum are always realistic. There was mixed reaction regarding the realism of expectations from both the employees and the training providers.

> "… Home Care is limited because of the hours and we are limited because we don't want to have too many working or they won't get the experience and will get lost in the shuffle."
>
> "I think the instructors that are teaching the course need to have a better understanding because we had three instructors who… had this nice little schedule all mapped out for these Home Care Aides with eight-hour days and eight-hour evenings slotted… we are not sure what planet that is from."
>
> "I think when they came out, they were all gung-ho to get all these hours. They go into the Special Care Homes and get them all in, then they go to Home Care and find …they couldn't get it done in two days, it would take two weeks."
>
> "Actually, maybe the realistic picture is getting out there."
>
> "Well, it does actually work."

The participants agreed that the cost of pre-employment and on-the-job training is not reasonable for most people.

> "… we have tried to encourage (training) by letting them trade shifts with each other, or leave a few minutes early…or take leave. Quite a few of them have taken leave but then that comes out of their pocket."
>
> "I just wonder why it is so expensive. Right now they have no supervisor when they get out doing their practicum… so there is just some in-house or in-classroom teaching… "

The participants were asked to comment on whether they recognize prior learning when hiring. Since not everyone was aware of what prior learning assessment is, a definition was provided.

One participant stated that under the CUPE contract, you have two years to get your certificate in order to be hired on more than a casual basis. One of their employees, a Special Care Aide who received training in Manitoba, took some more modules in order to bid for a position as SIAST did not fully recognize her certificate. The person did not challenge the exams as it was *"expensive, because if you don't get it, then you still have to repeat it."* The participant stated that they, as an employer, cannot assess - *"that's assessed by the educating body."* Another participant stated that *"I think there are also becoming a little more common challenges to the Certificate."*

When asked how well existing training programs allow Home Care and Special Care Aides to ladder into other training programs, the responses were mixed.

> "I don't think they get any acknowledgement for anything."
>
> "…in the LPN program…there is some recognition."

The participants were asked whether it is a logical step to ladder into other programs. The respondents indicated that laddering is not a common occurrence.

> "I have two Special Care Aides who went into the LPN program and they still both had to take…certain pieces… and then they had to actually be enrolled and do a practicum for some months… "
>
> "I had one Special Care Aide who just completed her LPN but I don't think she utilized any of her Special Care Aide course to move through her LPN course."

The participants were asked whether there is a need to standardize training programs, both pre-employment and on-the-job. One participant commented that they should be standardized and another stated that if licensing occurs, standardization will follow.

> "I feel that you do have to have standards… because when you are hiring them, you need to know… that they have had the same training and as much experience that they can get… the in-house one that we are running is through SIAST so when they come out, they are looked upon as being equal (to the) course that SIAST is running because they have to follow the certain criteria and agenda in the education sessions…"
>
> "There is no legislation at the present time that oversees the Special Care Aides. The LPN's have one and the RN's have one and the PN's have one but at the present time there is no licensing… if something like that occurs, then I think there will be a standardization."

One participant commented that licensing is a contentious issue and others stated that it might be good.

> "For employers, it might be a good thing, saying here are the criteria… for standardization for themselves… and for things that we get from our associations… access to credibility would be a big thing… I don't know what its pitfalls would be."
>
> "I think it would lend to the credibility, which seems to be sort of an issue in terms of recognition."
>
> "… unions are doing a separate thing when it comes to standards of care. At least then the association would be focusing on care things and not workplace issues and stuff."
>
> "It deals more with the professional issues and things like that and I think that would be a good thing."

5.1.5 General Industry

The participants all agreed that it is relatively easy for employees to move between employers, health districts, and unions both within the province and outside the province.

> "I don't think it presents a problem. I know we are all so desperate."
>
> "If you've got the skills, it doesn't matter where you are coming from. We've got the work, keep coming. I think it's fairly easy."
>
> "In our district, they are working back and forth and it works well."
>
> "I think they are more portable in the last five years... "

The participants were asked whether they expect the future need for Home Care and Special Care Aide type positions to increase, decrease, or stay the same.

> "I know long-term care facilities are always going to need them and some of our staff is aging so you are going to need to replace them… "
>
> "I think baby-boomers as a whole look to stay at home… a little longer. I think there is going to be a trend towards that and I think they are going to… demand systems of some kind, so if the market becomes greater at home, maybe that will decrease the reduction of the home health issues that are happening right now."
>
> "… The kinds that used to come into the long-term care facilities are now being maintained more at home… We really look at that when we are doing screening and doing assessments… "

5.1.6 Closing Comments

The participants were asked if they had any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan.

> "Well, it's nice to see that there is some training out there. Twenty years ago, there wasn't… you hired the people off the street… so it has improved a lot."

5.2 Saskatoon: Private Employers Focus Group

The Saskatoon private employers focus group was conducted on February 6, 2002. Participants included:

Debbie Parks	Debbie's Place
Elizabeth Meggs	Nightingale Nursing Group Inc.
Lee Braun	We Care Home Health Services
Theresa Walker	Time Out Adult Day Care Centre
Terry Denis	Aberdeen Personal Care Home
Sherry Salzsauler	A Special Place / A Special Place Too
Collette Neudorf	Circle C J Acres
Karen Young	Mont. St. Josephs Care Home (public)
Dorothy Gerbraandt	Gerbrandt Homes
Anita Bouvier	Fairhaven Care Home / Meadow Green Care Home
Diane Schmitt	Home Style Care Home

5.2.1 Employment Status

In general, the participants agreed with the following profile on Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

With regards to whether they feel these positions are filled by other occupations such as nurses, the participants believed they are not.

> "I don't think any of the Special Care Aides… are in opposition with the nurses… They are working beneath the nurses… "
>
> "I don't think that any of the nurses would work for the types of wages that we can afford to pay. I don't think there is any competition there."

One participant commented that Special Care Aides may not be employed on a full-time basis.

> "… when you get your Special Care Aide card, you always start out casual and depending on which home you get on to, you may never get a full-time position… you might be lucky to get a part-time position."

The participants then commented on the relevance of the Home Care and Special Care Aide titles in general.

> "… Unless they have their certificate, I do not call them Special Care Aides. I call them Personal Care Aides, mainly because they are not certified as a Special Care Aide or a Home Care Aide."

When asked if the job is the same whether they are called a Special Care Aide or a Personal Care Aide, the belief was that it usually is not.

> "But I think Personal Care Aides encompass the whole home whereas the Special Care and the Home Care Aides don't. They have specific job duties."
>
> "… it's not the same because working in a long-term care facility as a Special Care Aide… your job description generally will (not) include housekeeping, meal prep, answering the phone, whereas if they come into a personal care home setting, that's inclusive in their job description."
>
> "Unless they are working in Sherbrooke in those new villages, then they have those duties… but they did extra training too for that."

Additional training at Sherbrooke that was mentioned included a Food Safe Course and dispensing of medications.

The participants agreed that, in general, there needs to be more supervision of training regarding medication, working with Alzheimer's, and other areas.

> "… in putting Home Health Aides into people's homes, I feel there is a little bit of a lack of training… when they are first coming out of the program… Our own requirement is that they have at least six months experience or have a really good reference because… a lot of times they are on their own… They have support by calling… into the office if there is something that they are not expecting."
>
> "You have to make sure that person is going to have enough observational skills to know when they need help and I would like to see a little bit more training as far as that goes, so they could be a little more independent as a Home Care Aide."
>
> "… I think they tour with the Home Care group but they are not an active participant and I think they could do more to pull that end up."
>
> "… they need to be by themselves for awhile under their training - still taking the course but going into the homes under supervision."
>
> "We actually have to send two people in, one to monitor this person until we feel that we can transfer some functions…."

Some participants had differing views on how easy it is to get practicums as employers.

> "I have approached Home Care and I have approached… the other company… that does the courses on having them come and do practicums in personal care homes and they refuse to do it because we are not a government entity."
>
> "… We have done practicums and we are not a government entity."
>
> "They won't put them in personal care homes… "

There was some general discussion about certification and the participants indicated there is different certification/training requirements for employers - some require training when they hire and others do not, while some certify and train their own staff.

> "… We are a CUPE facility and what we do is governed by the collective agreements so everybody has to be a Special Care Aide/Home Care Aide. If they are not, they have two years to get certification."
>
> "… they (a home that hires people right out of school without training) are not even offering the course. They are not pushing them to get it."
>
> "… Fortunately, because I am certified, I can certify my own staff. But (for an LPN) they don't look at her certification… as good enough… she would have to hire an RN to come in for each individual client, not each staff."

Some participants commented that a certificate does not guarantee the employee will be good at their job.

> "… you can have all the book learning you can possibly shove down their throats but if they are not gifted for that field, then their piece of paper is useless to me… I feel I have to train people right from scratch 90% of the time… I find that I don't hire anybody with Special Care Aide (training) because I have to train them myself."
>
> "With training and saying you need more in certain areas, I think it's really important to realize that every individual place they go, the requirements can be a little bit different… In my particular situation… we still have to do the meals and the cleaning, but our major focus is interacting with the people and… if they are not good with the people, all the certificates in the world are not going to do them any good."

Screening potential candidates was viewed as being very important in ensuring that the person is a correct fit for this type of job.

> "… I think I interviewed about 3 people in the last five months. When I said, why would you want to work in this place, well, (they said) I thought I would be making good money… as the conversation went on, nothing came back to the client and I think maybe some of that screening needs to take place more up front before they take the course because they just finished investing a good portion of their time in this as well."
>
> "… one thing about the Special Care Aide courses… they tend to push these people into this kind of a course because… they are done in a year, social services is going to pay for it, they only need grade 10 and… are making $13/hour when they get out. They don't come out with any skills or any motivation to work with these people."

> "… I was taking my Home Care/Special Care Aide through SIAST… out of Prairie West Regional College. I went through three interviews before they allowed me to take it. They said that I have the right personality… "

The respondents were told that the survey indicated approximately one-quarter of employers employ Aboriginal people in their organization. The percentage of Aboriginal people employed by the participants ranged from none (one employer only had two employees in total) to over 30 percent. The participants generally agreed that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services. Some respondents felt there are additional duties, such as shopping and palliative care, as well as a social and emotional component to the job.

> "I think that is a pretty good description. What else do they do? They do so many things. They also may end up doing some shopping and might end up making appointments…I think they become a little bit of a support service for these people as well… "
>
> "I would imagine that there should be a social, recreational and spiritual care provider."
>
> "… and some of the home care is to do the palliative care."
>
> "I would say that we do a lot of that though (social and emotional) because… when you have that client in the bathtub and you're doing a bath and shampoo, you get more communication… I have a 93 year old that every morning when I brush her hair, she tells me how she wishes her daughter was here more. So we have to spend extra time brushing and talking because she can't stop."
>
> "We do… those personal things for them, but we also do other things in the home like social activities… and pastoral care… and that's just part of the job."

The participants believed that good care depends on hiring the right people who are able to do all the duties required, including the social and emotional care side.

> "It's extra activities and it comes back to hiring the right people that will do that. I think that should be a separate entity where that is a criteria. This is what you will be expected to do. This is part of the job… "
>
> "… you just have to hire the right person to be able to have those skills."
>
> "So it's not as cut and dried as it may appear on paper. There are a lot more things that are needed… like the underlying skills."
>
> "The description of (duties) sounded very task oriented, and if we're going to train people as task oriented, that's what we're going to get. So if we're going to train people in a holistic approach, and look at the person as a person, it will encompass all these other things. And that might be your weeding out process of people coming into the programs and people coming out of them."
>
> "… Sometimes you are not just in there for a sick one or for the person that needs the physical care… you're also there for the family… "

Some participants expressed concern regarding the expectations of the clients' families.

> "... lots of times when... families come in and pressure me about the emotional and spiritual stuff... it starts to get really complicated. Because you just cannot do everything and you cannot expect to have everything... You know what I mean? I've tried to do it all and it gets very stressful."
>
> "But that's when you come back to the families and say how much of that was your parent doing before they came into the care home... If they weren't doing that before, then families can't expect it."
>
> "Well the fact is though they should not be shut up in the same four walls seven days a week, 24 hours a day. They have got to get out. I don't care if they have dementia or what it is, they still need to get stimulation and that's where the Aides or whoever comes into play... People are expecting the care homes to do it. There is a difference between personal needs and physical needs. The care homes are so busy looking after the physical needs... they don't always have time to do that."

The participants were asked whether they agree that the main duties of Special Care Aide type positions include basic daily personal care, meals and feeding, and socializing/entertainment. The participants commented that the duties of a Special Care Aide differ depending on whether they are in a special care home or a personal care home.

> "... I've worked in nursing homes and that's what brought me to personal care homes."
>
> "But they are two totally different entities, totally different. So... the qualities or requirements for one staff in a special care home versus a personal care home are totally different."
>
> "Because in the large facilities, you do have the recreational therapist on hand. You have the social worker on hand, you have the RN on hand, you got the management, you got all that support. You got pastoral care, you got everything there and long-term care."
>
> "... when I worked in a large nursing home, the socializing was the time that I took to spend talking with them and that's usually when you're doing the very personal care. Right? Because people do open up."

The participants were told that some of the main differences noted between urban, rural and northern survey respondents included travel issues, cost and accessibility of training. One participant commented that travel costs are an issue especially with *"the way the fuel has fluctuated lately."*

The participants were asked whether they felt it would be harder to be trained if they were working outside of the city or would it affect their choice whether to offer training or whether to take training if travel was an issue. The participants responded that it is harder to be in a rural area as support systems are not available like they are in urban centres, it is expensive to travel, and there are not as many training and other opportunities available.

> "... as an RN, you may come up with a situation very few times so if something happens, what kind of support system do you have around? In the city, we have a very good support system. If you have trouble, there's someone to phone... even for recreation, not just emergencies. We've got social workers here... you have the training for the Alzheimer's

> Society right here… (there is) so much right in the urban centres to keep your staff better trained."
>
> "A lot of them can't afford it. There isn't the income there for it."
>
> "… I think it would be very difficult if you were a single mom in a rural area and you had to move 200 miles away to take a full-time course for eight hours."
>
> "… I think it's hard enough for employees to take the extra training period let alone if you're in a rural area and it's only offered twice a year… I think what's major is… there's not much of a support system in the rural areas."
>
> "… if you take the time and money to come out of the rural area to come in here to take your training… lots of times, you don't want to go back to the rural areas to work… "

A couple participants commented that rural employees, however, are able to handle a greater variety of tasks, perhaps out of necessity.

> "… I really find that, and this is stereotyping, (rural employees) usually are much more capable of handling a lot more variety of things. I don't know if that's because of necessity… "
>
> "I grew up rural… With my private care home, they are fascinated by what all I can do, but you have to because there are no other options. You have to do this and you have to do that and you have to be quick."

5.2.2 Recruitment and Retention

When asked what they thought the health care industry in general could do to overcome some of the recruiting and retaining difficulties of Home Care and Special Care Aide type positions, training, offering full-time employment, increased wages, better screening, and increasing job satisfaction were the type of responses mentioned most often.

Training:

> "It's the way you train your staff… I believe it's important to work with them and not for somebody else to teach them how to do things if you want them to stay with you and you want them to do a good job… "
>
> "You have to know what they want to be… "
>
> "Related to long-term care… there is a lack of in-services (training)."
>
> "… (With) most long-term care, there is not much money for education in our budgets and that is where the satisfaction comes in."
>
> "… for the young ones, go on and show them how to get training… I believe in education."

Full-time Employment:

> "… in our instance, everybody is sort of part-time and almost all our staff work elsewhere as well. We do find if they are working in a hospital or a nursing home… and they are offered (more hours) at the nursing home… they are gone."

> "They are looking for full-time positions… "

A couple participants commented that it is difficult to offer full-time positions and full time may not solve the problem.

> "If I could hire somebody full-time and pay them minimum wage, yes, I probably would have somebody but in my situation, I can't."

> "… I don't know if it would be (better if employees were working full-time). We don't really offer full-time hours… sometimes you have more than what you can work with and sometimes you're dead so it's hard to say… "

Increased Wages:

> "We do exit interviews on a routine basis and the main reason why people leave… is dollars. Usually they leave to a higher paying job and a lot of times it's not in health care either… "

> "I don't know what the government can do… we are subsidized to the teeth from the government… "

> "Money is a big thing. If we had government subsidies, we would be able to keep a lot more… "

Screening:

> "I think that recruitment would be easier if we had really, really good screening beforehand… looking at people with compassion, that's the number one thing we need. It would be easier too if the province was able to help gauge other province's equivalency with Special Care Aides because I get people from other provinces and it's a whole long process to decide… "

> "… some way to evaluate individuals not on their skills but on their desire to do that sort of work… "

> "… when recruiting, my first question isn't what is your certificate, but do you like these people… "

Job Satisfaction:

> "… I think we would retain more people if they had more job satisfaction and I always think that job satisfaction is the ability to make decisions and… to empower the people… Especially with Special Care Aides, it's a dead-end job… like you know you'll reach the top and a Special Care Aide will always be a Special Care Aide. Not to say that can't be satisfying but we have to empower these people more because we are no longer getting nurses. We are finally getting some LPN's but I see our facility being run by Special Care Aides in the future… "

> "… The satisfaction of the job and who you are working with (teamwork) is a major, major issue."

> "… As a personal care home, I have always called myself a stepping stone for (the bigger companies) - we keep doing the training for you all and pass them on down the line but really good staff are staying on… because they love what they are doing - they are not there for the

> money… I may not be able to offer financial benefits but I will offer more compassion towards… say a single mother… so if someone tells me their kids have a school play, way you go… smaller organizations like personal care homes can do that… "

Almost all of the participants agreed that it is more difficult to recruit and retain part-time and casual employees than full-time employees.

> "… you are not always that lucky to find a reliable person part-time waiting on the side for you."
>
> "… I only have full-time… it's too hard to have someone casual because when they come in they don't know the client and there is too much heavy care… it's too much to teach somebody… (it's) very hard on the client."
>
> "… quite often in this particular type of job, you've got single moms… they need a certain number of hours to make ends meet so keeping people part-time is difficult… "
>
> "I prefer full-time… I've got too many people to schedule… also… you train someone and (if you) don't call them for three or four days, the situation has changed so drastically that they are coming into an unknown situation… They are looking for other work in the meantime and if it's part-time, all of a sudden, last minute, you get a phone call… that Parkridge phoned me and I have a thirteen dollar an hour job over there so I am taking that shift… "
>
> "… I have part-time people and I just work around their other jobs. It's difficult… I find that I would probably be able to employ a lot more people part-time but there's a lot of things that stop people from working, even part-time. I had a really good lady apply… she is on welfare and there is no way that she could take even a part-time job… if she worked this many hours, she got docked and it paid her better to stay at home… "

One respondent disagreed that it was hard to find part-time employees.

> "I have more part-time people that work different places so they want just certain hours… so I work around their schedules… they will stay a lot longer part-time than full-time."

One participant stated that it was difficult finding full-time staff for her care home. Another participant stated that she only recruits casual employees and *"they work their way up,"* but it is *"hard to retain them because they work at other facilities"* and *"they are looking (for full-time)."*

With the exception of one participant, there was agreement with the statement that the top concerns of Home Care and Special Care Aide type positions include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.

> "… My resources are limited… I don't have a great group insurance policy and if they get hurt and Workers' Compensation doesn't help them, well I can't pay them while they're not working… I try to make their hours regular but that's not the way it goes. The workload is always heavy and it's always stressful."
>
> "… the employees are getting paid and we are going through the same thing but we are not getting paid for it."

> "... the staff would say that the workload is very heavy but there are no standards in this province... I think personal care homes have even less standards because the government knows if they impose standards, they are going to have to pay people to meet the standards... "

> "Personal safety in our home is a huge issue because of dementia and there is much aggression. It's usually the number one issue with staff... "

The one participant that said most of the concerns do not apply to her staff stated that she was not subsidized by government, was not a personal care home, and that *"we give our own health benefits so we address some of those things but the client pays for it."*

When asked what could be done by employers and the health care industry to address the concerns mentioned, subsidization was stated the most often. Communication between the employee and the employer was also said by one participant.

> "... We are dealing with real live people. There are going to be irregular hours, there's going to be stuff... we are putting so much more money into home care and day programs... the people need respite and they need places like ours to get subsidized, not us necessarily, but the people need to be subsidized."

> "... if there was some control of finances given to whoever needs them... the client, the resident, or whoever... they could choose how they want to use that fund... if they want to stay in (a) personal care home, then they get X amount of dollars subsidized so that they can... stay there or they can go and stay in a long-term care facility... "

> "... Home care goes in and looks after these people, until they are 92 or 95, right in their own home. By the time we get them, they are in such poor shape, and we have no money to work with... but home care is subsidized... We look after them 24 hours and home care doesn't."

> "... I don't get people because government won't subsidize them to come to the day program... if they did, I would have a full clientele. I would be able to treat my employees better, give them more benefits... "

5.2.3 Skills

In general, the participants did not have any additional skill areas to add to the list that was provided to them regarding Home Care and Special Care Aide type positions: personal care, communication, providing compassion, empathy and a caring attitude, understanding dementia and nutrition. However, one participant mentioned TLR, personal response training, and alternative approaches to caregiving.

> "... I really believe in energy medicine, therapeutic touch and Reiki. We currently have 15 people in our building that do it. We are doing research and it works with Alzheimer's and dementia."

The importance of training in the area of dementia was emphasized by one participant.

> "Dementia, dementia, dementia... my girls don't have too much training in that."

Another participant emphasized the importance of having compassion.

> "It's being able to get under their skin, know what they are feeling. It's compassion again."

When asked if there are any skill areas they feel are no longer used that were taught in their training programs, the majority of the participants felt everything was required. However, one participant stated that where she works, she does not use her Health Sanitation Certificate but would need it at a long-term care facility. As well, there is a *"zero-lifting policy in long-term so it's all mechanical lifts, sit, stand or total lifts."*

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is. Some participants felt the demand, need and requirement is huge. However, some indicated that it is not required.

> "I think again, coming to the private versus the larger, we do not have the money to pay staff three hours to come in and do training and that's a big issue. I would love to do a lot more. I have gotten the videotapes and they can take them home and do it. I don't know how many are motivated enough to do it... it comes down again to the almighty dollar... "

One participant stated that it is not required, but if you have an understanding of dementia, there should not be a problem.

> "... that's where... the understanding of dementia comes into play, because if you have a good understanding of dementia and what you are getting into, you should not put yourself into a position... "

Another participant stated that they do the training because *"... we are undergoing accreditation right now and that's one of the accreditation standards."*
When asked which employers are accredited, the response was "just the long-term care is accredited, not the private care home sector."

A comment was made that this study deals more with home care and long-term care issues. *"It's not really pertaining to a lot of the personal care homes."*

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts. One respondent mentioned that they have to have WIMIS, but others said that they do not need it. One respondent indicated dementia is important and many indicated that distribution of medications is huge.

> "Especially in personal care homes, We Care, Nightingale for sure... if you don't take it upon yourself to get more training, how can you train your staff with proper medication dispensing? Most of the people don't understand the medication they are giving and how dangerous it is if it is given wrong... "
>
> "I don't think it's very safe sometimes the way clients take their own medication... "

The respondents were asked to comment on how they, as an industry, can best develop the skills and competencies required to meet future needs of both employers and clients. There was some frustration expressed by the participants with what they have already tried.

> "I think without government help for the private industry, our hands are quite tied. There is only so much we can do."
>
> "I called our Member of Parliament. I had her come to my home. I explained everything. I showed her everything. She took it to Parliament and said, I am sorry, there is nothing I can do… "
>
> "… I think you have to get some control back into the client's hands… "
>
> "There are the private long-term care policies and stuff now, and insurance that I have looked into that are really very good. But I have also researched other provinces on personal care homes only. There are grants out there and there is money following the clients. Saskatchewan is the only one that says, oh well, too bad… if you can afford that house, great… if you can't, then too bad. So for personal care homes, the elite are going to get treated really well… "

When asked if they have an association, the response was no but they are looking at it.

> "There is no money that speaks for us."
>
> "We have personal care home consultants with Sask Health but they are not for the operator, they are there to standardize us and regulate us."

When asked if it would help if there was an association in place, or a body that would speak for them, one respondent replied that *"it might"* and another stated that they have been trying. One participant described the licensing of her home under Mental Health.

> "We have been asking. We have been trying six years… "
>
> "One of my homes is licensed under Mental Health and we do have a body in it… it is a group that does get some things done and it helps us to perhaps even fight some of the bylaws that the City wants to bring in. It's the strength behind it."

5.2.4 Training

The employers were asked how well they think existing formal training programs meet the needs of both their graduates and employers. The general consensus was that they are adequate in some ways and in some ways they are not.

> "I think for certain procedures, yes (it meets the needs), but there are a lot of nuances in this industry, too."
>
> "… We have to have the Food Safe and the basic First Aid and as far as I am concerned, that Food Safe isn't worth the paper it's written on because if you get somebody walking into the care home that does not understand the basic concept of washing their hands… you have to train and train and I am training people that have been working for five years."
>
> "The thing with formal training is that you can't teach common sense… "

> "... with the Special Care Aides, the manuals are very explicit and the tests and the videos you have to watch are really extensive. I showed some of my books to... an RN and she said... are they ever getting into detail for just a Special Care Aide... "

Some of the participants commented that formal education is needed.

> "I think that you have to have, for the big places, formal education for anything."
>
> "... I think formal training is excellent. I don't care what it is. You gotta have it... I think it's gotta be consistent with what you are going to be doing as to what your training is and what you will be doing afterwards with it."

When asked whether they feel that more on-the-job training should be provided for Home Care and Special Care Aide type positions, there was agreement from all participants that there should be more.

> "You can go from one home to another and still they are totally different, especially in the private sector, everyone works so differently."

The participants were asked if there are any barriers to providing on-the-job training besides time. The major barrier stated was cost of training.

> "We often have workshops... in our office that our staff are welcome to come to but we don't pay them to come... The dedicated ones will come... and you see the same people all the time... but they are the ones that maybe don't need it as much as others."
>
> "I wish I had more money to give them more days of training than I do."

One participant also commented that in addition to cost, *"if you are a private person like myself, and just starting out, sometimes it takes awhile to learn to even teach those skills properly."*

There was agreement when one respondent commented that *"... what I am thinking is that there is a set of skills that are there already that maybe aren't recognized as certification... would it be possible to somehow challenge that because they already have those skills?"*

The participants were asked to comment on whether, during the interview process, they recognize the relevant experience of candidates who do not have a certificate. Some participants indicated that they do recognize experience, including volunteer work.

The participants were asked if they have accessed the formal process for applying for PLAR.

> "It's been a real battle... they have had to go to SIAST. They trained twenty years ago and whoever kept what they learned from back then?... But PLAR has worked for the couple of people who have done it... they were employees who just didn't finish their course."
>
> "It would be easier for us because as part of a larger system... we have a number of skill sets that must be demonstrated so it's more toward skill sets and prior responsibilities... that we judge them on rather than certificates from a particular institution... "
>
> "Well, I don't think we have a certain set of things that we look at but certainly we will take people based on what their past experience is. They may not have any of the courses but if they have done stuff for a long time we certainly... take that into consideration."

There was general agreement that the ability to ladder any type of formal training into other training programs has improved.

> "… due to the practicum... I get some accreditation for my Special Care Aide if I want to continue on and update my LPN again."
>
> "… even with the Home Care/Special Care Aide, I think any type of formal training, number one, will ladder a person into a different type of formal training."
>
> "I think it's a lot better than it used to be."

5.2.5 General Industry

The participants felt that it is relatively easy for employees to move between employers, health districts, and unions both within the province and outside the province.

> "I phoned… trying to find out about personal care homes in B.C. I talked to a lady who used to live in P.A… and she said… just come work for me. I need orients. That's how easy it is. And I don't think it's just orients, it's any health care industry… "
>
> "That's the picture of the province."
>
> "Even in the U.S. I've got quite an opportunity if I wanted to go."

One participant was unsure about how easy it is for employees to move between employers, health districts and unions both inside and outside of Saskatchewan, and another participant thought it would be difficult.

The participants expect that the future need for Home Care and Special Care Aide type positions will increase. Reasons given for this expected increase include *"because we are getting older," "baby boomers,"* and *"in the last fifteen years, it's been really drastic."* When asked whether they feel the needs will be different, all responded that they will be.

> "Well, we are talking Saskatchewan here so we know where the geriatrics industry is heading in Saskatchewan and that's basically on the private sector. So for the private sector, I think it's going to get very heavy and as well, for the long-term care facilities because obviously they are cutting down the beds."
>
> "So you are still going to have a society of people who can only pay $1,100 and there are a lot out there. The focus is going to be on the families who are going to care for these people because if I can't take that person, and you can't and you can't, who is going to take them... "
>
> "Those beds are being packed left, right and center so I don't know if the demand for actual nursing care is going to be there as much as support for families."
>
> "… home care is getting heavier… Six years ago, I wasn't doing colostomy care, I wasn't doing palliative care, I wasn't doing catheter care but I am now."
>
> "People are living longer."
>
> "… dementia is becoming so prevalent at such a young age... "

The participants agreed that many clients stay in Saskatchewan as long as they can and then move out of province to where their families are. They felt that this is a general trend in Saskatchewan, but not in other provinces.

> "... What we are seeing with some of our clients that are fee for service is that... (their) families do not live in Saskatchewan anymore... and so Mom and Dad or Dad or Mom stay here as long as they can manage in their home and when they can no longer, they move out of the province and they are gone to wherever the rest of the family is."

When asked what makes Saskatchewan different, the responses related to subsidization and cost.

> "Because we are not subsidizing our clients. We are utilizing the private system, small private care, more than other provinces, whereas nursing home beds in Alberta are fairly good, per capita versus Saskatchewan."
>
> "... it's just that other governments still have enough money to take care of their own whereas Saskatchewan is relying on the private sector."
>
> "...a lot of people were Saskatchewan people that moved to Alberta and B.C. and then they didn't want to live there anymore and they are all coming back... but their money was all spent in B.C. or Alberta and now they don't have a lot... "

5.2.6 Closing Comments

The participants were asked if they had any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan.

> "I agree with the fact that they are pushing them through too much and they are only doing it because most of the kids that are going through it are on welfare and welfare is putting them through school and then they are not getting a job because they can go back on welfare. They should cut welfare out."
>
> "Or they should cut out the forced training into something like this to someplace where you really need to be."
>
> "Why can we not see a prerequisite to some of these programs whereby a person has to work in the industry for three months. I would gladly hire two or three people to come in and work and even pay them."
>
> "... I volunteered with home care before I went into school and so many schools and especially university require volunteer time... "
>
> "... when I am talking about volunteer work, I am talking about someone who can come in and have coffee or play cards or sit and chat... "
>
> "It's impossible to find volunteers."
>
> "... Sask Health has to deal with personal care home issues and ... soon."
>
> "... do you know what it takes to become a private care home operator? It's ridiculous. It's absolutely ridiculous."

5.3 La Ronge: Employers/Training Providers/Employees Focus Group

The La Ronge employers/training providers/employees (northern) focus group was conducted on February 7, 2002. Participants included:

Elaine Malbeuf	Keewatin Yatthe Health District, Director Home Care Program
Glenda Montgand	Keewatin Yatthe Health District, Home Care Manager
Linda Maurice	Keewatin Yatthe Health District, Home Care Manager
Wanita LaLiberte	Keewatin Yatthe Health District, Home Care Aide
Beatrice Maurice	Keewatin Yatthe Health District, Home Care Aide
Eunice Patterson	Saskatchewan Health, Home Care Consultant
Doris Staflund	Stanley Mission Health Clinic, Supervisor Home Care
Pat McLachlan	Mamawetan Churchill River Health District La Ronge Health Centre, Director of Patient Care
Laurie Zarazun	Mamawetan Churchill River Health District La Ronge Health Centre, Supervisor Home Care
Cynthia Armstrong	Northlands College
Donita Lohnes	Northlands College, Program Coordinator
Joyce Roy	Stoney Rapids Health Care, Supervisor Home Care

5.3.1 Employment Status

The participants agreed with the following profile on Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

The participants were told that the surveys indicated approximately one-quarter of employers employ Aboriginal people in their organizations. The employers stated that they employ more than 25 percent in their organization and some said that almost 100% of their workforce is Aboriginal. The training providers also indicated a similar trend.

"… the college itself is over 70% (Aboriginal)… "

> "... in my class, there are two that are not Aboriginal out of 12."

Since the participants were from the north, they were not surprised that they have a larger percentage of Aboriginals in their workforce than the rest of the province.

The participants were asked if they agree that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services.

Participants stated that the type of duties depends on whether the Home Care Aide is trained or untrained.

> "an (untrained) Home Health Aide... wouldn't be doing... the personal care, like dressing... The Special Care Aide does that until they are trained."
>
> "... (the duties) really depend on the level of your staff as far as formal training goes..."

One respondent commented that many of her employees are not trained so they basically do housework and *"not so much the personal care."* Another participant reiterated that those who are trained do the basic daily personal care, and those who are untrained do the housework and other duties.

> "... They often act as escorts when one of the elders has to go to Saskatoon and they can't find a family member to go along."

In contrast, one respondent replied that even though she is a Home Health Aide who has not completed her Special Care Aide training, she does both housekeeping and personal care.

It was stated by one respondent that she would like to see the Home Health Aide role expand.

> "... a lot of the Home Health Aides... supply basic home care service... We would like to see an expansion of the... care to include a personal care based component... "

In addition to the duties mentioned, some participants commented that their Home Care employees also do other tasks such as foot care, palliative care, and client shopping.

One of the trainers stated that all the duties that were mentioned are currently being taught in training programs. In addition, cleaning skills are being taught even though cleaning is not being done by those trained anymore.

> "All the things that you said are part of the things that we are doing... It used to be that they would do things like spring-cleaning... but not anymore... They are still taught that..."

When asked if cleaning services exist in the community, the response was that some places do have this service.

The participants generally agreed that the main duties of Special Care Aide type positions include basic daily personal care, meals and feeding, and socializing/entertainment. There was a comment that the socialization comes from being *"involved in the day program."*

One respondent stated that they are incorporating more of a medical component and additional areas into their training, and other respondents commented that they are doing this as well.

> "… they are not trained to check blood sugar levels and blood pressures. They are not trained to do that but our group will be because that's part of personal care as well so we are expanding that a little bit."
>
> "… they all learn to do vitals… That is part of personal care… Plus the Special Care Aides that we have also learn cooking and everything else that Home Care Aides learn."

The participants were told that some of the main differences noted between urban, rural and northern survey respondents included travel issues, cost and accessibility of training. Some participants commented that travel is definitely an issue. One respondent who is currently taking training stated that having to be away from home is also an issue.

> "I have to… stay for a week in La Loche and I have no place to stay…"

Another problem mentioned was that due to the large geographical area, it is very difficult and costly to get students in one location. The participants were asked whether the student or the employer bears the cost of the travel.

> "… our current students are all employees, either through Home Care programs or the La Loche Hospital. Currently, they are called Nurses' Aides but they will be Special Care Aides when they are done… what we have done in the District is pay for it, provided that the student continues to work for the District."

One respondent mentioned that since it is expensive to have people come in to train, the costs *"keep us short-staffed."*

Education and language were also stated as issues in the north. One respondent mentioned that interpreters have been used in the past.

> "… What education did the students have and did they understand the instructor? I had a woman phone me… they would like to see some language included in the basic training for Special Care Aides."
>
> "… a few years back… there were two ladies who couldn't read and write but there was an interpreter there asking them questions in their own language and they would just respond to the interpreter."

It was mentioned that trainers do not always understand the culture and it is extremely important that they have an understanding.

> "… to have someone come from Regina up here to do a training program, what are the chances of that being a success? Unfortunately… not very good. So I was really glad that we could get some northern people… even if a lot of our northern folks speak English, they have a lot of trouble maybe with the written language or just with some of the words… it just takes a lot of sensitivity… "
>
> "I was chatting with someone from SIIT… and they have struggled with that. They have had tutors in their classes."

Staff missing work to attend training was also seen as being an issue as *"when you are sending people for training... there is no one there to carry (their job)."* Respondents mentioned that some on-the-job type training is being done in shorter durations over a longer period of time to assist with staffing requirements.

> "They basically go so many hours a week and go back to work and then they will go back again in the summertime and do their module two... I guess the reason why... we didn't go the full week at a time was staffing."

One of the respondents commented that this type of on-the-job training is beneficial to their untrained staff.

> "We have a few that are not trained and I think it has really benefited them to have it on-the-job so they can stay at home and finish off their training. It's a long process..."

It was mentioned by one participant that it is wonderful having training available in La Ronge versus people having to travel to Prince Albert or Saskatoon. However, the participant mentioned that it would be great to have training on-site.

Another participant commented that it would be ideal to be able to teach the module at the workplace, but resources for that do not exist.

> "...you can do it by module at the workplace... I would like to do that but I can't just take two days and go and teach... I would need the resources to do it...I have staff that really want the training but absolutely can't go anywhere to do it."

One respondent commented that once Stony Rapids opens their hospital, *"they will be able to have their training sessions right up there."* Thus, this *"will really open up the Athabasca Basin."*

There was some discussion about practicums. A concern was raised about people having to travel and leave their families to do practicums. In addition, centers not being large enough to accommodate the number of practicums needed is an issue.

> "... there are so many people wanting to take this training and (there aren't) enough placements to put everybody... Down in the south, there are hospitals all over the place... or Special Care Homes that you could work in."

When asked whether practicum students are placed in private care facilities, one respondent stated there are no private care facilities in the north and another stated that there is one. Some other comments were that there could be private facilities in the north if people wanted the facilities.

A concern mentioned by one of the training providers was that there are difficulties in implementing the Home Care program when the training is not in demand, and finding an instructor is a challenge. It is also essential that the students are supported by their communities.

> "One of the other concerns that we had this year was trying to put on a program that... isn't in very high demand, which is the Home Care program in the La Ronge area. (We are) trying to bring it a little closer to the northern areas... we have had a difficult time finding an instructor... there was not a problem with the number of students. We had a lot of interest. There was a lot of problem with what kind of support these students were going to have,

> whether they were local or… if they came from another northern community… (the support needed is) both financial and emotional… It's a very life-changing experience for these students. The ones we have in here have been wonderful - they really try hard and their communities have been supporting them... "

There was mention that the La Ronge Band also has a Home Care program so demand for this type of training does exist in the north.

> "So we are doing a little bit of doubling up… there obviously is a demand."

5.3.2 Recruitment and Retention

The respondents were asked whether they agree that employers have difficulty in recruiting and retaining qualified Home Care and Special Care Aide type positions. One respondent replied that it depends *"if you are hiring people from outside of the community"*, as having enough accommodations is an issue. This respondent, who is not unionized, also stated that they do not have very good plans in place for their policies and pensions. Therefore, that is an issue when recruiting and retaining.

Respondents commented that wages and funding also affect recruiting and retention efforts.

> "… the trouble we have had in recruiting is (due to) the lack of trained Special Care Aides or Home Care Aides. The problem with the unions right now is that there are two different pay scales. There never used to be but there is now and if you are untrained, then you make less than you do as trained. I am not saying that shouldn't be, but it does make a big difference in keeping staff. If you have been working for ten years as an Aide but you don't have the training… they decide you can't be paid as a trained Aide because you don't have a Certificate... "
>
> "… with the joint job evaluation being completed, people shouldn't feel that the north are… paid less than the south. It should be straight across. For casual positions, the biggest issue is funding. We do not receive the funding to hire people."
>
> "… funding is the biggest thing… There are times when we need a lot more staff because we have a lot more people off on sick time… And trying to retain them is very difficult.

One respondent thought that since *"the whole Health District is unionized… with more training… hopefully, some of the (problems resulting from different pay scales) will be alleviated."*

A participant stated that *"in our district, there is so much emphasis placed on trying to recruit people and many times you have to look from both sides of the issue."* The respondent felt that the retaining of local staff is not a priority.

> "…different employers talk about signing bonuses - 'Let's provide some bonuses for these employees that we are attempting to recruit from outside the district.' But what about our own local staff? How can we boost their morale? Many times we bring people in from outside the district and they get… handed a silver platter while our own local staff just struggle from day to day… Now I think we need to start looking at ways of promoting our own staff."

One respondent talked about the importance of having students volunteer so that they can see what some of these positions are all about and then decide whether to enter into these occupations.

> "I really think it is important to start educating our kids in high schools and getting them involved in programs as volunteers so that they start to get a taste of what these careers are all about… we had six students who went (in for)… nursing, aides and doctors but their experience started as a junior volunteer Candy Striper. I think we need to start when they are young… "

Another respondent stated that one solution could be to partner *"with First Nations where communities can share staff so that there is more employment…"* This would assist with retention as more hours could be provided.

One training provider was wondering whether employees could be asked, as part of the personal development training or evaluation process, whether they want to become certified or want to take some training. The thought was that if a person was offered different types of training, the employer would be able to recruit and retain them more effectively as the person could move from a casual to part-time or full-time position. In this scenario, there would be onus on the employee to return to the employer after their training is completed.

> "… (regarding) professional development training, is there some way in which… when you evaluate your staff… (you can) say to them… 'we are going to be having Home Care/Special Care Aide training. Would you like to become certified?' What I found with some of the other classes that I have done training for is that the staff that tends to be full-time… had an opportunity to train. I have been here for ten years and … no one has offered me any incentives to upgrade my skills… maybe through the evaluation process, they can be (offered) incentives (for example) to… take some training … (With training) they will be able to change from a casual position… to full-time… There is some onus on them to come back after the training,"

One respondent felt that providing the employees with continued training and updates will make them feel valued and appreciated. The respondents also agreed that the scenario of having them attend training classes at a nearby community college a couple days a week and work for the remainder of the week is effective. However, one of the training providers pointed out some of the problems with this scenario that have been encountered in the past.

> "… We couldn't even get (this training and work scenario) going because we didn't have an instructor and then we looked at the time that it would require… from the employer and the individual… it's different for you, maybe, because if you are going three days… then there are some different ways of looking at it than we were doing it… there were some (that said) we will send … half of our staff in the morning and the other half in the afternoon… the point (is not) whether the instructor does it twice or three times, it's a cost to the program to do that… "

The respondents were asked what initiatives could be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aide type positions in Saskatchewan. Some respondents mentioned that it worked well when the district had on-site student training as it exposed them to the realities of health care careers.

> "I think (doing) what the district did last year when they took in a bunch of high school students and they did on-site… student training… "
>
> "… they gave them a taste of what it would be like if they were a Home Care/Special Care Aide or a nurse… I think that's a really good way to do it, exposing the high school students to that."
>
> "… and they were paid… so it's like a summer job… "
>
> "It was excellent."

There was agreement that this type of student training should be made available to students as early as Grade 9 instead of Grade 12.

> "… yes, so they can take their sciences."

The participants were asked how the students were recruited for the training. One responded replied that *"it was a summer school employment program (which replaced) the Northern Health Careers Bursary Program. We were just testing this out and the students really enjoyed it. Not only the high school students but also the students that were enrolled in post-secondary education as we got them to conduct client written evaluations… one said, I think I am going to change my career because I enjoyed it so much."*

Participants stated that it is difficult for students to make career decisions as the information is often not available or may not be presented in an attractive manner. As well, they wondered what it would take to get men interested in this field.

> "I have been in the north for awhile, too. I find that there isn't enough… education regarding what's out there to take in the years when you have to make your decisions."
>
> "Career counsellors or career days - some schools have that… maybe the long-term care and home care needs to be shinier and more out there."
>
> "… I am wondering what it would take to get men interested in this… is it a name change?"

Respondents commented on how their job duties are often misunderstood.

> "I think we need to promote our jobs more. I think they look at home care and long-term care and they look at death and cleaning… I think we need to stand up and let everyone know that it's a good job."
>
> "… You think about the cleaning… and the care you give - you don't think about all of the medical things that you do or all of the other (duties)… maybe you just need a facelift on how you describe yourselves."

The respondents agreed it is more difficult to recruit and retain part-time and casual employees than full-time employees.

> "… Usually when you have to work, you want more than just casual so… those are the kinds of issues you have to work around and really, you don't have a lot of control over them."
>
> "…I can't make (casual) into full-time positions… because I don't have the work. But by the same token, you can't just hire someone off the street into even a part-time (position) because it has to be posted and goes by seniority."

> "... (we are) trying to have our staff work full because it increases the ability for them to get extra shifts, which is why I like to see them trained as both Home Care and Special Care Aides."
>
> "... Usually you hire from six to eight hours... and usually you can keep somebody, but if it's only three or four hours a day (you can't)... it was worse before we amalgamated as nobody was unionized, nobody had... benefits. It's better now - you couldn't keep people before."
>
> "Who wants to work casual and sit and wait for a phone call."
>
> "Even part-time, where the cost of living is high... you will have difficulty in retaining them."
>
> "It doesn't matter how much funding you have if you don't have the work... I think it's a matter of finding a partnership and sharing employees so instead of 'you have to work here and you have to work there,' maybe you could work together... "

As an aside, the group commented that full-time employees have the option to work overtime if no one else is able to work the shift.

One respondent stated that casualization really damaged the nursing field and the same thing is bound to happen with the Home Care/Special Care Aide industry if casualization continues. One potential solution is job sharing.

> "... one thing that could be done is job shares because that's the kind of a job that would fit nicely with job shares. Maybe... I don't like working nights but I like working evenings and maybe somebody else likes working days... Get rid of the casualization... "

One participant commented that Home Care/Special Care Aides should be able to get full-time jobs as there are a lot of resources, human and otherwise, that are put into the program.

> "It would break my heart (with) the kind of resources that we put into this program, human and otherwise... to just think that these people are not going to be able to get into a full-time job."

It was mentioned that money and not having to do casual work are the main issues as people are available to work.

> "... we found with our casuals, the Band will have another position and it's offering more hours so you have a young mom here who needs the money... guess where she is going to go and I don't blame her... we are losing some of our good people because we don't have the jobs... We do job-sharing in nursing and for us, it has really worked quite well... They don't want to work full time so they are sharing... This casual stuff is really hard on people."

There was general agreement with the statement that the top concerns of Home Care and Special Care Aide type positions include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.

One respondent stated that travel is definitely a concern with her Home Care Aides.

> "… Communities are not always close and the Home Care Aide… has to go out 60 miles (or so) and the roads aren't that great, so that's a concern… "

One respondent emphasized that irregular shifts and part-time casual work are concerns for the Aides. Other participants commented that personal safety and salary, benefits, and pensions are also concerns.

> "… not being unionized, we are being paid a very, very low salary and institutional care is paying much higher so we lost a people on account of that… "
>
> "I have no doubt that money issues, benefit issues … and the reason for becoming unionized are all really important for staff. They have some power to do something about all of those issues and being unionized is one of the ways that a lot of them feel that they can contribute… "

Another concern mentioned was that communities sometimes exhibit favouritism by only wanting workers from their community, and not from other communities.

> "… you go to a community and they say well, we don't want so and so working here because she is not from our community… It's always favouritism, always toward their people…"

One respondent reiterated what was stated earlier about employers needing to be less competitive by partnering to share employees.

> "… with setting up and being more involved in a co-operative atmosphere, whether it's the Band or our Centre here or the different groups that are using the same pool of people… if the (Aide) wants 20 hours of work and they are only getting 3 at one division, then maybe somehow set them up so they could do some casual work for us… Like when the schools have a sub… It's time to be non-competitive with the other group of people… "

Comments were made regarding the fact that there needs to be some active promoting of the Home Care and Special Care Aide industry as that is how more funding will be acquired.

> "… that is how you are going to get more people to access the service and that's how you are going to, government-wise, get more recognition… attend workshops and do whatever you can do that's within your power to be positive and promote it (the industry)… that's how more people get involved…(and you) get more funding."

One respondent commented that *"it is time that Home Care is brought into the health department… They have been kind of overlooked… It's coming, but it is because of different funding that they went to different parts so… bring them in more. "*

5.3.3 Skills

In general, the participants agreed that the top skills currently required of Home Care and Special Care Aide type positions are personal care; communication; providing compassion, empathy and a caring attitude; understanding dementia; and nutrition.

There was agreement that assessment skills are also very important. Other skills mentioned include palliative care, anatomy and physiology, dealing with all different types of diseases in detail, charting and medical records. It was thought that assessment skills is a relatively new part of the training program as compared to other areas, such as diseases.

Some respondents felt there needed to be training and education in other areas, such as sexuality.

> . . . we have a lot of people that have additional issues and the staff need to know how to work with people who have those issues… The reason I started asking this is, what training and education on sexuality (is there) because that is a major, major issue. The thought is that once you are in a nursing home, you are dead. That's a big thing here . . .”

The respondents were asked what type of care is provided at Adult Day Programs and what skills are used. Responses included personal care, exercising, and socializing.

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is and whether training for these skills has been accessed recently. Participants had a lifts course, heart training and first aid training. Respondents commented that it is difficult to access the specialized people who train in these areas as they are very busy.

> “The one problem we have is that when we need some very specialized people to come in for a period of time, for example to do therapy… they are all plugged right up with bookings… ”

> “… we are maxed out in the community with all the different areas that we are trying to get people to come in and do… first aid training, certainly WHIMIS… we are accessing staff that is already full-time and overworked but they are coming in around their schedule or as part of what they are supposed to do for community service…I guess that would speak a little to the isolation with some of the communities… ”

The general agreement was that they would like to access OH&S but they have to send their staff away for training.

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts.

Responses included computer/internet skills and administrative tasks, such as keeping records and filing. These skills are not currently being taught in the training programs.

> “… and it's not in the program right now. We will be putting some in but it's not right now.”

> “… accessing the Internet - there is so much stuff they can get from that… new trends and whatever.”

Palliative care and respite are areas that are expected to increase.

> “… certainly in palliative care because more and more people are coming home (as they are) wanting to be with their family when they die.”

There was agreement on all the required skill areas but not the timeframe they will be required in.

> “The only things I disagree with are the fact that it’s needed in the next five years. We are there now.”

The respondents were asked to comment on how they, as an industry, can best develop the skills and competencies required to meet future needs of both employers and clients. Some responses included having access to 24 hour home care and helping people cope with situations, such as dying. As well, on-line training and satellite training were mentioned.

5.3.4 Training

The employers were asked how well they think existing formal training programs meet the needs of both their graduates and employers. There was a comment that they are only beginning to require that people be trained and they cannot just hire anyone now.

One person commented that on-the-job training does not meet the needs of graduates. Another stated that on-the-job training is needed because of the shortage.

One participant commented that it is a concern that she has heard about PLAR but has not actually seen it being used.

> “The other thing that I have a big concern about… I have heard about PLAR now for two or three years but I haven’t seen it in action, and I think the only way we are going to get to see this in action… is if the employers start saying, I have five people here who can come into the Home Care/Special Care Aide program… if you are going to commit financially with them, they… are going to… have to be here for three years, for example… Prior Learning Assessment for people with work experience is essential… ”

Another participant commented that PLAR is a good opportunity but the process is work intensive for the employees and employers and she has not seen a lot of it being done. One respondent stated that the cost is high to challenge the course.

There was agreement that there is a need to standardize the training programs throughout the province as people would then know exactly what each person with training should be capable of doing. Standardization would also make the training more professional and may attract more males. One suggestion was to have a core program that is tailored for the different types of communities.

The respondents were asked what mechanism could be used to enable training providers and industry to work more closely together. Effective communication and meetings were seen as solutions.

5.3.5 General Industry

The participants expect that the future need for Home Care and Special Care Aide type positions will increase. It was not expected that the needs will differ for full-time, part-time and casual employees.

Some of the general health care industry issues that affect the labour market for Home Care and Special Care Aides were thought to be *"how soon people are sent home from the hospital"* and private home care.

5.3.6 Closing Comments

The participants did not have any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan.

5.4 Saskatoon: Employees Focus Group

The Saskatoon employees focus group was conducted on February 6, 2002. Participants included:

Margaret Scarlett	SIIT Graduate
Dora Stewart	SIAST Graduate
Elva Lawson	SBC Graduate
Laverne Armstrong	SIAST Graduate
Lee-Ann Wuttenee-Ledoux	SIIT Graduate
Josie Dorwood	SIAST Graduate
Dot Burrage	SIAST Graduate
Felma Capus	SIAST Graduate
Leslie Gamble	SIIT Graduate

5.4.1 Employment Status

Overall, the participants generally agreed with the following profile on Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

One respondent disagreed that Special Care Aides are employed on a full-time basis as the reason they have full-time hours is because they have more than one job.

> "… Special Care Aides… may have full-time work but it's not because the positions are full-time positions but because they supplement their existing positions with other work."

It was mentioned there is difficulty in getting a full-time position as you need to have seniority.

> "… you can't get a position until you reach a certain (amount of) hours and someone else will apply for the position and get it because they have higher seniority."
>
> "Even for myself. I am only half-time. I have been there nearly four years."

One respondent stated that she was able to get a position without seniority because she had a Certificate.

> "I got a position with just about zero seniority because I had my Certificate… some of the others applied and didn't have their Certificate yet, but they had more seniority."

Some respondents felt that depending on the organization, and length of time in the industry, Home Care and Special Care Aides may be dissatisfied with their jobs.

> "… most of us are graduates through Kelsey. We are happy because we got full-time jobs but when it comes to the job, it's overloaded for us."
>
> "… we are happy to be doing this kind of work… but I think (regarding) overall satisfaction about structure of the workplace…I would disagree (that employees are satisfied)."
>
> "That would differ between places… and how long you have worked in this field."
>
> "Different Home Health Aides come in, so there is no consistency… my regular caseload is half-time…it would be nice if I could be sent to where I am used to going."

The one Home Care Aide participant, who previously worked in long-term care, stated she felt it was easier working as a Home Care Aide as it is less stressful.

The respondents were told that the survey indicated approximately one-quarter of employers employ Aboriginal people in their organization. Some commented that their organization employs approximately 25% Aboriginals, and others stated that their percentage would be much lower.

The participants generally agreed that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services. Some respondents stated that Home Care Aides now also administer medications but they had to take a course to be able to do that.

> "… it's only been in the last year or so that we have been allowed to administer meds and that's only under the supervision of an RN… "

One participant stated that she works in one of the houses at Sherbrooke and is called a DLA or a Daily Living Assistant.

> "… we do the personal care, housekeeping, cooking, meds. . ."

This respondent also stated that she had to take additional courses including housekeeping, medications, and Food Safe. She received a Certificate for this training.

The participants were asked whether they agree that the main duties of Special Care Aide type positions include basic daily personal care, meals and feeding, and socializing/entertainment. The participants commented that these duties are accurate depending on the amount of time that you have. There were also comments that Special Care can be more task-orientated and Home Care can be more people-orientated.

> "When I worked in a Special Care Home as a Special Care Aide, there was hardly any time… I enjoy working for Home Care as I get personal time with the client… I had to learn to slow down… As a Special Care Aide, you have (about) 6.5 minutes per person in the

> morning to get them up. That is getting them up, bathing them, dressing them... bowel care... (Special Care is) task-orientated... whereas in Home Care, I believe we are more people-orientated."
>
> "In the morning you are task-orientated... and in the afternoon, you are more quiet-orientated..."
>
> "... once you get the people who want to lie down laid down, then you have the time to visit with this person or exercise with that person."
>
> "When you work the day shift, you can socialize with the client but in the morning, you can (socialize) but not much."

The participants were asked if there are any duties that were missing from the list that was presented to them. One participant mentioned there are many duties included under personal care. Another commented that some of the Special Care Aides have to also teach or instruct other Aides who are orientating.

> "They are changing now that they want us to do assessments of residents, range of motion, exercises and not just basic care. We are doing other things, (such as) seeing how they are fitting in wheelchairs and positioning, so there is a lot of stuff... lumped as personal care."
>
> "There are a lot of girls who are trained who instruct other girls when they are orientating... that's a big job when they have to train... and we train a lot of students."

When asked whether the Aides that train others or assist with practicums get paid, the answer was that they do not. One respondent commented that the Aides have to be at a certain experience level before they will be asked to either train or be involved with practicums. However, another one stated that very little experience is required.

> "I think the supervisors are very careful who they ask. I don't think if you are new, they would ask."
>
> "You have to get over your probationary period but that's it... right after you are over that... you are able to train and advise somebody on their work."

The respondents discussed that usually an Aide is not just thrown into a situation on their own when they first begin a job. However, one stated that sometimes they are on their own but the practicums have prepared them for that.

> "Home Care hires... all sorts of people who have never... done anything... but they will not send you to jobs until you have been trained. They will start you out with respite, which is sitting with a client for four hours... "
>
> "... my experience was that as I got to know more... they sent me to the next level... "
>
> "That's where the practicums come in so I think that when you begin a job, you have to know very well what you are doing, because sometimes you are on your own... "

The participants were told that some of the main differences noted between urban, rural and northern survey respondents included travel issues, cost and accessibility of training. One respondent commented that cost is an issue. However, the remaining respondents have never worked in a rural setting so they were unable to comment on the differences that exist between urban, rural and northern employers.

One participant stated that there is quite a difference in the type of training offered between similar facilities.

> "... even between long-term care facilities there is quite a difference in what kind of training is offered and what management brings in for employees."

When asked what the costs associated with their training were, respondents replied that they did not have to pay for their Certificate as they were sponsored. However, "*if you go through Kelsey, you have to pay.*"

5.4.2 Recruitment and Retention

The respondents were asked why they think it is difficult for employers to recruit and retain Home Care and Special Care Aide type positions. Heavy workloads, in terms of both physical labour and the number of clients, were one of the main issues identified.

> "They burn them out."
>
> "... The people that come in can walk and they can transfer themselves but they are getting older and older and the workload is just getting too heavy... everybody says it's really hard work..."
>
> "... all we hear is that there is no money for staff so on paper it looks good to management as the number of residents hasn't increased, but the workload has."
>
> "... nobody comes in who isn't a Level IV. So the people that they are sending in now are just so much heavier but management really hasn't made allowances for that... "

One respondent commented that the reason why the Special Care Homes are receiving more Level IV clients is because *"home care has opened up a lot more availability... and people are living at home... a lot longer.*

When asked whether hiring more people would solve the workload problem, the respondents replied this would be very difficult to do because *"there is just no budget for it."* One participant stated that she tried to request more staff to help with their workload.

> "... I wrote a letter to our Board requesting more staff because we have so many injuries... and just basically begged for more workers because we just can't do it anymore... when I started at this job, there was one lady who was my boss. Now there are six people in that position. They have divided into scheduling clerks, social workers and an assistant director of care, director of care, and director of nursing and they all have these huge salaries and our workload on the floor hasn't decreased... "

The respondents also commented that they are often short-staffed as their casual employees work at many different places and it is difficult to get them sometimes. It would be ideal if hours could be guaranteed, but that is not the reality.

> "All these places have casual lists this long but you go to replace (Aides) and you can't because so many people are working at so many places... "

> "If they could guarantee hours in Home Care especially."

> "... people have to make a living... there isn't that much work and so you go work at a couple of different places... if you felt some sort of commitment to these places that you are working at, or had some kind of incentive, then it wouldn't be half the problem... they can't have lots of people hired but because they can't guarantee, especially casuals, hours... "

The thought was that there should be just full-time or part-time employment available and not casual.

> "... casual labour seems to be the downfall."

> "It's very hard emotionally because you don't know if you are going to work and at what time of the day and you have kids... and everybody says, are you working today... "

> "...for two years I worked (casual) and when your phone is ringing... at five thirty in the morning or eleven at night, it's stressful."

> "You've got to have seniority to have a full-time job - they have all the hours but yet they get called before... casual... "

The respondents commented that a full-time person cannot work in more than one full-time position. However, other combinations of employment status exist.

> "You can work full-time hours but you cannot have two positions at two different facilities, like two full-time or a full-time and a part-time... You can have two part-times... "

The participants stated that "*you have to allow a sixteen hour period and you have to have six days off in three weeks.*"

> "... as I understand, they did this because we have so many people who work at two facilities, and leave one job and go to another job and they are totally burned out..."

Respondents commented that the six day off rule is not fair for part-time employees but benefits full-time staff.

> "Right now a lot of the full-time staff are getting overtime like crazy. Meanwhile, part-time ones can't take the shifts because we have to have six days off."

> "I work five-hour shifts and I work six days and then I get two days off and then I go back and work for six more so I can take extended shifts but then I have to have my six days off... I am finding on my days off, they are calling in full-time staff for overtime yet I don't have full hours."

Another participant stated that it does not matter what length of shift was worked, the six day off rule still applies.

> "... keep in mind a shift is a shift... if they are talking about the number of shifts you have worked or... the time in between shifts, they don't care if you only worked a four-hour shift. You still have to wait that same amount of time until you can pick up another shift. For a lot of people who are just working short four-hour shifts, you have to work a lot of four-hour shifts to make a living and with the six days off in three weeks... "

One respondent stated that they stopped implementing the six day off rule in their facility for approximately two years and *"it really made a difference"* because of the fairness.

The participants commented that you get paid more if you have a Certificate which does not always fair.

> "We have the same full load, the same hard work, but get paid less (with) no Certificate."

As well, the number of different job titles was mentioned.

> "They have nineteen different titles for the same job description."

The respondents were asked what initiatives could be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aides.

> "We had films… that prepared us…. Our instructor works as a Home Health scheduler… so she explained it from her point of view… that it's not always going to be pretty and prepared us for the worst because she was in a position to do that."

One respondent commented that the SIAST course did not prepare her for the reality of the job.

> "… I took the course at Kelsey and nothing they taught me prepared me for how hard the work was going to be in the workplace… it's not just physically but also mentally stressful… "

There was agreement that there should be more orientation in terms of what a unionized workplace will be like.

> "The other thing I would stress is having some sort of union orientation. I think we would be a lot better off if we were going into the workplace, knowing what the rules are… "

> "… there are a lot of rules that go along with the structure of the workplace when you first go in there and you don't understand why you can't be getting shifts… ."

> "… I don't like to get heck for accepting work… but if you had been told all these (rules) by the union (it would have been easier). .. It's your responsibility to inform your scheduler whether this is an overtime shift or not (even if you are working at two separate employers with the same union)… "

> "… before people used to work at different places, two shifts in one day, and the union couldn't really track it… now that they have this central payroll, they will be keeping a lot closer eye on people and what they are doing."

> "Mine was not a case of overtime. It was a case of I didn't have enough days off. I think I was called into the office about six times over that."

The participants were asked what could be done to address the need for more part-time and casual employees. One participant commented *"just take the shifts when you want them"*, and others stated that it is a union issue. One respondent mentioned that *"we are not unionized but they are following the SGEU union."* She stated that their wages are the same as in a union, but they do not have to pay to be in a union.

One participant commented that there needs to be more full-time positions created. Another respondent stated that there could be different types of hours guaranteed.

> "We do have people who want to stay part-time because it fits better into their life, but they can't make it on just 12 hours, or 12 shifts… they could make it on 14 if you could guarantee them, say, 14 shifts. You would have a scale of some 16 positions, some 14 positions, some 12 and you can decide where it is that you want to go because everything is wide open now… there are a lot of places you can get to that we never could before."

The participants were surprised to learn that even if they have a Certificate from Saskatchewan, they would have to challenge another province's exam or licensing if they moved to another province. There was agreement when told that the top concerns of Home Care and Special Care Aide type positions include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.

Respondents commented that management and the RN's do not understand or appreciate what the Aides do, and there needs to be more teamwork.

> "I would personally like to see our Director of Care working the floor one month or one week a year where they are given our responsibilities to do what we have to do alone."
>
> "The RN's… are there to handle the medications and to check people's skin or whatever problems they are having… if the buzzers ring, they walk right by because it's not in their job description…"
>
> "Not even if… we are short. The RN's won't get in there to help us."

Respondents stated that they do not feel empowered.

> "I think a lot of the people I work with feel we don't have a voice… we are the people who are working every day with these people. We know them best and yet decisions continually come down from management… we want to feel validated… I think people just feel very, very alienated from management… I think so much of the frustration comes from the people not feeling good about how they are viewed… "

One respondent stated that some of her concerns have been created by management decisions.

> "… (management) has had some problems with safety issues and I never felt unsafe. Now I feel unsafe because of some measures I have to do. Last night I had to sit out in front of (an apartment) and watch a girl go into the building and come out of the building and I sat there for an hour (she was sitting out there for the girl's safety)… they are not going to keep this in place but I think we should have had a say. I mean I don't feel safe now sometimes."

5.4.3 Skills

In general, the participants did not have any additional skill areas to add to the list that was provided to them regarding Home Care and Special Care Aide type positions: personal care, communication, providing compassion, empathy and a caring attitude, understanding dementia and nutrition.

One respondent commented that it is not just dementia that they have been trained in, but other illnesses such as diabetes. The participant felt that the training she received in these areas was accurate.

One participant mentioned that it seemed easier to do the work before there was the equipment that they have today.

> "…we've got all kinds of equipment now, but it seems like everybody is getting hurt and you can't use it… Where I work… the girls have been there for 20 years and they say it was easier back then to do the work than it is now and we have machines to work with now… "

Respondents replied that it may be harder today due to the fact that the level of care has increased and there are *"more heavier residents."* They felt that training on using the new equipment is needed. One participant commented that the work in dementia is difficult and dangerous.

> "… (It's) still taking six or seven Special Care Aides to bath one person because of the aggressiveness… We asked them if he can get some kind of injection once a week so that we can do good personal care on him… They said no, we cannot do that so we are risking ourselves and hurting ourselves just to give someone care."

The respondents commented that they can refuse to give someone care if they think they will get hurt. However, it was stated that it is not an easy process to refuse.

> "… it's a very, very long, difficult process to refuse… if you do refuse, they have the right to go to you and say, 'will you try it' and you have to try it before you can say no… and then they can go on to the next person and if you don't follow every specific step, they will cancel it and you have to start all over again."
>
> "… how does that look if I refuse and the next person goes on and does the job?"
>
> "… in that case… the family will be warned… and every time it's a bath day for them, the daughter will be there."
>
> "It's called unusually dangerous circumstances… it's in the Occupational Health and Safety Act."

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is and whether they are accessing this type of training. The participants indicated that they are accessing it.

> "… we took transfer, lifts, things with moving. We took precautions and learned how to do it correctly so that we wouldn't get hurt."
>
> "It's readily available. Any questions you have… you are welcome to go and talk to them… If they can't (answer), they will look into it."
>
> "…the lifting, the transfer, that's all in force right now. You cannot work without it."
>
> "…. An (OH&S) lady comes in once a week to my facility to make sure that everything is posted correctly… "
>
> "We took part two (of the self-defense)."
>
> "…we got the training that we needed and I was satisfied."

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts. The participants were also asked whether they will require more training to deal with the new skills. One respondent replied that they need training in over half the skill areas that were mentioned and many respondents agreed. Another person stated that assessments and TLR are becoming necessary.

In general, the respondents felt that more responsibility will be given to them and that training will be needed. One respondent stated that they should be paid more if they take additional training.

> "… at Sherbrooke, they get paid more because they took a meds course… so I'm thinking that if we take the course, we are going to get paid more."

It was stated that the Home Care Aides took the medications course and they did not get a pay increase. Some comments were *"they just gave us more work"*, *"that's just part of our orientation"*, and *"there is a lot of responsibility (with meds)."*

The respondents stated that they are all working with palliative care and respite.

The participants were asked to comment on how they, as an industry, can best develop the skills and competencies required to meet future needs of both employers and clients. As there is no professional association, the participants were asked whether they think it would be better if there was one. All agreed that things would be better and that some of their issues would be addressed.

> "I think that would bring us together as a group."
>
> "There's ways to handle this problem of consistency but they are not listening to us."

One participant stated that everything they are asked to do should be in their job description and another stated that if it is not, they need to stand up for themselves.

> "… (nurses) just give medications and sometimes the nurse says… you can give this to her… I think that should be included in our job description."
>
> "… one thing we were taught in our course is that if anybody says something to you like that and if you don't have the authority, you have to stand up… it will fall back on you, not on anybody else…"

The respondents were asked whether they feel that they need more training. One respondent replied that she is *"all trained out."* However, others stated that more training would be good but it is very difficult to have the time to take the courses and they do not want to come in to take training on their days off.

> "… there are areas I would like to learn about… for example, mouth care. How do you do mouth care on a dementia resident on a regular basis?"
>
> "I think a lot of us would like to learn… but we don't have the time in our work day to fit them in."
>
> "… often these things take place on your day off and you don't even want to set foot in that place… you are so burned out. The thing I like about Home Care is where they pay you to go and that's because people are all split up. But in institutional care, you don't get paid to go in for anything."

5.4.4 Training

The employers were asked how well they think existing formal training programs meet the needs of both their graduates and employers. The general consensus was that the programs do meet the needs.

The respondents were asked whether they feel more on-the-job training should be provided for Home Care and Special Care Aide type positions.

> "... I think that at Home Care... all you have to do is ask... the nurse will... just give you that individual one-to-one training."

The respondents were asked if they get a Certificate for this on-the-job training if they complete a certain amount of training.

> "There is somewhere in the computer that lists what we can do... "

It was asked how informal training versus formal training affects their pay scale. One respondent thought the differences in pay were due to seniority, and another thought they may get higher pay for having formal training.

The respondents thought that having formal training linked to an increase in pay would be good.

> "... I think that's an excellent idea because it also provides an incentive for people to learn and to keep up on stuff. We are on a seniority basis for the moment and that's about all that really counts for anything, so that's why people don't participate... "

One respondent commented that with this type of training, *"you can only go so far."*

Besides monetary incentives, it was mentioned that management needs to pass on positive comments that are told to them about their employees.

> "... I think part of the moral issues of staff (are from the following)... lots of times at Home Care they get calls saying... your girls are doing really good jobs and it never gets passed on."
>
> "... if you are constantly doing work and never being shown appreciation, you feel overworked and overloaded... "
>
> "We have thank-you-grams and they can be given by anyone, whether they are a family member, staff, co-worker... a copy is put in your file and a copy is given to you. If someone does something nice for you, you just write a little note... "
>
> "Where I work, we are all very polite. We thank each other, we say good job. I think we had problems before. We have union meetings where the group of girls at my facility get together and discuss all the problems that we are facing now... we do that every three weeks, so we do... appreciate more what another person is doing."

The participants were asked whether the cost of pre-employment and on-the-job training is reasonable. The respondents replied that they were paid to take their training.

> "In Home Care, that's one thing we really appreciate, we get paid to go."

One respondent said that if they want to take additional training beyond the Special Care Aide course, such as a medical terminology course, they would have to pay. This respondent felt that the cost would be reasonable. However, the respondent said that her employer would also consider reimbursing her for the course.

> "... we have a fund set up that if you take a course and it... has to do with the health care field and you pass it, you can give them your receipt showing how much you paid and they will consider giving it back."

Another respondent stated that *"if you go for training for two days, then we are paid for the two days absent."* The pay would be in regular wages.

> "... When we went to take TLR, we got paid for regular time (at a) regular wage."

The participants were asked whether current training initiatives and their employers adequately recognize prior learning and on-the-job training. The respondents generally agreed that the recognition is not adequate.

> "... my employer wanted to see my Certificate and that was it."
>
> "That was all they wanted (to see the Certificate). They didn't want the big story."

One respondent stated that she felt her past experience was adequately recognized during the interview process. However, the pay she received was for an untrained employee.

> "... You can't get the trained wage based on things that you have done, other than taking the course."

Another participant stated that past experience is considered and *"that is why some employers hire without a Certificate."* Others stated that they are sure that the supervisors would ask questions to see if they have the proper skills, such as people skills, when interviewing if a person does not have a Certificate. However, one person stated that she did not get asked any of those questions but she did get asked if she had a certificate and where she took her practicum.

The participants were asked whether Home Care and Special Care Aides usually continue their education and ladder into other programs. There was general agreement that many do continue their education.

> "Some of us are jumping. They want to take nursing because it's... less physical and more pay."
>
> "There was an opportunity to take an LPN course and we posted it everywhere in our facility... a lot of the girls went to this information session... So our employer gave us the opportunity to do that. We didn't get paid for it or anything."

The participants were asked whether they felt their current training, such as their Certificate, would enable them to ladder into other programs, such as the LPN.

> "Yes. They said we had certain credits already toward our LPN and I thought very seriously about taking it... "

> "I know one lady that went on to take her LPN and I understood from her that some of our stuff (transfers)."
>
> "I think that the skills I learned in class would definitely be an asset when you take an LPN course… "

There were some questions about the laddering process.

> "But we need to graduate by credits so which credits, or which module, applies to the LPN when you didn't even get any credits."
>
> "Is SIAST… not the one that is bridging the program."

Many stated again that they could not afford to take any more training, such as the LPN, in terms of time and cost.

> "… we can't just quit working to get a student loan… "

Others stated that they were not even aware of the opportunities available to them.

The participants were asked whether there is a need to standardize pre-employment and on-the-job training programs. The participants agreed that they should be standardized but there does not need to be just one training provider. They also agreed that it would be good that everyone has the same training and that there would be no modules, credits and on-the-job certificates.
When asked whether they have any ideas regarding how to standardize training, the respondents were unsure of how it could be done.

The respondents were asked how training providers gain input from the health care industry to develop their programs. One respondent mentioned that her instructor was an RN for 20 years so she was experienced in what she was teaching.

The participants were asked how industry can communicate the changes that are needed now, or in the future, to the training providers. Respondents indicated that industry needs to tell the trainers directly. One participant stated that the SIAST program approaches their employers directly but not the Aides.

> "They need to ask the right person. There is no point in asking management and there is no point in asking RN's about our job."

5.4.5 General Industry

In general, the participants felt that it is not that easy for employees to move between employers, health districts, and unions both within and outside Saskatchewan due to the unions.

The participants expect that the future need for Home Care and Special Care Aide type positions will increase. Reasons given for this expected increase are as follows:

> "The aging population… "
>
> "Heavier care and more illness, disease, and palliative care in the community."
>
> "More people living at home."

> "Not enough institutional space so more families are going to have to bring in care."
>
> "Lack of family… "
>
> "We are getting… younger people… it's sad. They don't fit into any other part of the system. They don't fit into psych, they don't fit into here or there so they are giving them to us in our dementia wards… Sort of a catch-all."

The participants commented that they are not getting the training required to care for some of the dementia patients.

> "… we have young, strong, big men to care for them so we aren't getting more training in those areas… "

The respondents commented that in general, though, they do not work with many male Home Care personnel.

> "We have four in our facility of say, sixty Special Care Aides."
>
> "I think we have one or two per quadrant. We are divided into four quadrants in the city so that's good… considering how many ladies are working in each quadrant… if there are only one or two men, it's very little."
>
> "A lot of the (female clients)… prefer… a woman to get them up."

The participants were asked what are the general health care issues that affect the labour market for Home Care and Special Care Aide type positions. Respondents stated that abuse is an issue and they do not feel safe.

> "The client abusing the workers is an issue with Home Care… when that happens they just send someone else there."
>
> "If you go to the hospital, at every nurse's station, there is a poster that says, 'verbal and physical abuse will not be tolerated.' I have yet to see one in a long-term facility."
>
> "We have tried to get (this poster posted) but they are saying that it's going to offend some residents… "
>
> "We have asked too (about the poster) and we have been given the run-around. No one will post it anywhere."
>
> "… I have been sworn at. It has happened now for a long time. If I ever treated a client like that, I would lose my job but it's not the same for the client and I just feel that's wrong."
>
> "… in every facility there should be a resident advocate and a staff advocate because nobody advocates for the staff… "
>
> "... in Home Care, what I would really like to see happen is a set of rules that a client has to abide by. No swearing… "

Some respondents felt that only *"in a perfect world,"* would the no swearing rule and other rules apply. One participant stated that if they had *"respect for your voice, then that would be just as good as saying, okay, no swearing."* Others stated that they do not like to see young staff going through this. However, it is almost a process everyone has to go through.

> "… you went through it and they will learn and they will be ready for it the next time it happens."

When asked whether their union stands up for them, one respondent stated that they do but the union representatives are workers too and they are sometimes not on the same level as some of the other staff.

> "We have a union representative working in our facility. She is a staff advocate... she has the Certificate but the Director of Care is an RN who has more power... "
>
> "... I don't feel we are an equal part (of the team) and we don't have an equal say in the care of these residents, the care of ourselves, the training programs we would like to have and the policies that we would like to see ensured."

In general, the participants would like someone to listen to them, and to be treated as professionals by their clients and others. The respondents also felt that there is not a good perception of their job, even among themselves.

> "... I used to say that I am only a Special Care because we work under... a lot of people with power... but I do way more work than any one of those people."

5.4.6 Closing Comments

The participants did not have any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan.

5.5 Saskatoon: Health Districts/Training Providers Focus Group

The Saskatoon health districts/training providers focus group was conducted on February 26, 2002. Participants included:

Unable to participate	Saskatchewan Indian Institute of Technology
Lisa Wilson	DTI Program Coordinator
	Dumont Technical Institute
Lisa Furtas	Lakeland Regional College
John Carter	Director of Educational Services
	Saskatchewan Association of Health Organizations
Elona Hamblin,	Supervisor Home Care, Regina Health District
Carolyn Bremner	Manager Home Care, Regina Health District
Terri Carlson	Supervisor Home Care, Regina Health District
Lynda Perrier	Home Care, Saskatoon Health District
Eileen Marshall	Director of Care Stensrud Lodge, Saskatoon Health District
Connie Cornwell,	Sherbrooke, Saskatoon Health District
Alida Silverthorn	Saskatchewan Association of Career Colleges
Ursula Osteneck	Program Head of Home Care/Special Care Aides

5.5.1 Employment Status

The participants were presented with the following profile on Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

The participants indicated that full-time hours are not common with Special Care Aides and stated that many in Home Care are employed full-time.

> "Special Care Aides are not getting full-time hours; they are starting at 4-5 hour shifts."

> "We are having problems retaining staff. They are very casualized and very happy to get hours."
>
> "I worked as a Special Care Aide, and casual was the only thing available..."
>
> "I don't see students hired into full-time or even part-time; they are always casual."
>
> "Saskatoon Home Care has very few casual, but once certified, they are guaranteed hours. They may start at 0.5, and if open, can extend to full-time. I am surprised at the comment that long-term care employs more (full-time)."
>
> "... Of 182 staff, we only have 32 casuals."

The participants provided comments on other occupations, such as LPN's and RN's, as compared to Special Care Aides.

> "RN's used to do all of that; now Special Care Aides do most of it."
>
> "Before the introduction of the LPN's, we had certified Care Aides."
>
> "Having worked in a Nursing Home before, we had RN's and Special Care – they still do bowel care. The LPN's are getting utilized to the full scope."
>
> "The LPN's are taking over many duties."
>
> "Special Care Aides' response is increasing."
>
> "LPN's are doing medications, but I am not seeing them take over Special Care."
>
> "My students, the Special Care Aides, do bowel care, and the LPN's do more of the medication and blood pressure."
>
> "We are teaching bowel care and blood pressure – they need the knowledge of the task - same with tube feeding. When they go to the facility, they get even more practice."

One respondent stated that *"Home Health Aides are happy with the challenge."*

The respondents were told that the survey indicated approximately one-quarter of employers employ Aboriginal people in their organization. One person commented that they did not think the percentage would be that high, while others indicated that they would expect the percentage to be at least 25 percent.

> "With the trainees in the north, quite a few are Aboriginal."
>
> "100% in La Ronge are Aboriginal."
>
> "We have quite a few Aboriginal in Regina."

The participants generally agreed that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services. Some respondents stated that other duties are also done by Home Care Aide type positions, such as medication reminders and charting.

> "Some do 'med-reminders'. The RN would determine who would be a 'med reminder'."
>
> "Home Health Aides catheterize on a daily basis..."

> "Ours deal with night drainage bags, but not the catheters."
>
> "... some assist with the drugs for the ventilators."
>
> "(They do) nursing duty with specific training on that patient... but it cannot be transferred to the next patient."
>
> "They are trained for charting... and to pass on the information to the other Aides."
>
> "Ours are taught the basic vitals."

The participants were asked whether they agree that the main duties of Special Care Aide type positions include basic daily personal care, meals and feeding, and socializing/entertainment and whether there are any duties missing from this list. Some additional duties mentioned include housekeeping, dementia, charting, and delegation of medication when supervised.

> "... there are a fair bit of housekeeping duties, based on the private homes of the Special Care Aides."
>
> "... One thing missing is more material on behaviour, such as dementia and brain damage... Meals, housekeeping, methodology, and delegation of medication - there is an RN in the area (for that). Special Care Aides do not do blood pressure, but they do chart."
>
> "Special Care Aides prepare meals for private care. I think there needs to be more care on nutrition for seniors, and behavioural safety defence for the ones with dementia."
>
> "Ours do bowel care... night bags and some catheter bags."

Some respondents discussed how the duties are changing due to LPN's now working in this area.

> "LPN's are starting to get into the scope of area. Changes are occurring with the introduction to the LPN'S."
>
> "We are scrambling for LPN's when we do delegation of tasks. It takes a long time, and if the client is not ready, we stay with the LPN'S."

Other respondents commented on how some of the duties are not getting done due to the heavy workloads and time available.

> "Health Care Aides in long-term facilities are always talking about the heaviness of work."
>
> "Socialization and entertainment are not being done."
>
> "... There are families that hire people for visiting."
>
> "There are also volunteer groups that come in."
>
> "... I think that if the (clients) weren't as lonely, they would not be so demanding in all areas. It is an ongoing thing for staff to recognize that they do have time. It is a vital part to enhance life."

The participants were told that some of the main differences noted between urban, rural and northern survey respondents included travel issues, cost and accessibility of training. There was agreement that these are some of the major issues.

> "… There is a lot of travel in the health district as it is in the north. Access to training needs to be addressed."
>
> "When working in Uranium City, we need access to a program that helps with the language barrier."
>
> "Travel costs are high… "
>
> "Training and availability in the northern areas of qualified instructors (are issues). Some Home Care Aides get burnt out from all the students. Community based training is too costly."
>
> "We need more education and support with specific resources for teaching. Occupational Therapy and Physiotherapy access (needs to be) set-up… "

One respondent commented that *"in the rural areas, for placements, we are constantly having issues."*

Other participants responded that the availability and retention of Aides, access to equipment, as well as the safety of these rural Aides, are issues.

> "Scheduling and retention… creating and maintaining positions are our issues."
>
> "… the scheduling of work (is an issue). In the smaller rural areas, there are not as many (Aides) available. The ones that we do have are constantly on the go."
>
> "… Access to resources like walkers and canes in the rural areas (are issues as well as)… the safety of the Aides when they are in the rural areas. If there is an emergency, there is not as much (support) available as there is in the urban areas."
>
> "… in the North, there are pockets that have no service for the cellular phones… We were even looking at radio systems, but they too have problems, not to mention the extra costs and training."

Due to the safety issue, one respondent stated that a *"very comprehensive safety program is offered at our place."*

The participants commented that the clients in rural settings expect more from the Aides as they see the same Aides all the time.

> "… If you live in Cupar, you have all 10 clients there. It is good for the client because they trust the care, but it is really hard for the worker because there is ownership there."
>
> "The challenge in the rural area is the timing… by not getting there on time makes the client worry and become dependent. Consistency is the goal."
>
> "The negative thing (in the rural areas) is that the clients depend on those people too much."

5.5.2 Recruitment and Retention

The respondents were asked what employers and the health care industry can do to overcome the difficulties experienced when recruiting and retaining Home Care and Special Care Aide type positions. One respondent asked, *"What can the employees do?"* Another stated that there is not a quick fix to solving this problem.

> "I don't have a quick fix. Some of the facilities are looking into going over budget to place full-time people. We only have 100 beds with 8 hours extra. It is hard to get the board to go over hours."

One participant emphasized how difficult it is to recruit qualified Aides.

> "It is very competitive. It is difficult to find qualified Special Care Aides... Right now we are hoping for 12 placements, but there are only 8 or 9 so far that meet the qualifications, or people decline once they learn more about it. We are looking at people who want to get back into the workforce... We then say that we can't guarantee their hours, but yet we need them when we need them. Patience will pay off. Look at the mature workers. Long-term care is too heavy of a workload and those casuals don't want lots of hours. There is a constant replacement of workers. More overtime than ever (is happening) due to unavailable staff."

Respondents commented that it is more difficult to retain casual workers than full-time or part-time employees.

> "Once a worker is full-time, or even part-time, they stay... Casuals are hard to keep as there are more part-time jobs."
>
> "It is hard for the casual people in the sense that they do not know how many hours or how much money they are going to make... most of them miss out on family time... They know that if they miss a call, it could take a long time before they call again."
>
> "They go in knowing they are on shift work, but not to what extent."
>
> "Part-time people get called first, before casual, and then they get the casual hours over the casual people as well."
>
> "The casual hours are there, but then you do not have a life."
>
> "Starting on March 24, after an 8-hour shift, you can't pick up another 4-hour shift. This will be very difficult for the casual people."
>
> "... Casual wants this kind of work, with the guarantee of hours."

One participant stated that as part of the solution, *"we need to offer benefits, or even one full-time shift (to casual employees)."*

There was some disagreement regarding the concerns with casual employees.

> "CUPE made provisions... They tell us the hours available... They can ask for time off. There are very clear parameters."
>
> "... There is resentment... We tell them when we need them. There are so many jobs that they leave. We don't have enough people that are trained. It is not the casual that are leaving. We post listings and we have no one apply. The department goes through changes and you lose people..."

Another respondent commented that retention has not been an issue for Saskatoon as *"people take long-term and then come back due to the heavy workload."*

There was a comment that core programs and certification are needed.

> "We need core programs, and we need to certify them. This is very difficult due to the lack of training. The ideal world would be to have everyone certified."

One participant commented that the Aboriginal perspective needs to be addressed.

> "We need an Aboriginal recruitment strategy, partnering with employment areas."

Another respondent stated that education is key.

> "... We need more education for Home Care... day-to-day training. We need workshops. There is not enough orientation. We need a mentor system for maybe one-year with new employees."

One participant commented on the effectiveness of their training system.

> "(Regarding) our own trainees in the Home Care setting, there is loyalty with the Home Care staff, and (they are placed) with a buddy to observe. That way they will have a better understanding and interest... "

One respondent stated that training providers *"need a way to entice more students."* Another participant commented that *"we had an in-home program, with an ad in the newspaper, and we had over 70 apply."*

The respondents were asked what initiatives could be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aides. Responses included having a higher educational entrance level, writing an essay, looking for people with skills, and trying to deter those who do not seem right for the program.

> "... Grade 10 is not enough. They need to write an exam and have... Grade 11... Aides are at a lower level than other areas."
>
> "Our LPN program (participants) have to do an essay before we weed them out."
>
> "We do not have a prerequisite for Grade 12. We look for rural people with great skills."
>
> "We are not allowed to deny anyone. We have to somehow deter them."

Other respondents commented that the image of the industry needs to be changed into more of a professional one.

> "A professional image is what we need, and something is lowering the image."
>
> "We had an experience where a person from a group home was accepted into the course, and that was terrible. We need more of a professional line."
>
> "There are a lot of advantages to professionalism."

One respondent stated that through Manpower, people had to take the course and were on a first come, first served basis. Another commented that *"we need to select. It is not first come, first served."*

Some employers mentioned that they are careful in their selection process and look for people with certain skills.

> "We are very careful with the selection of employees… "
>
> "Social skills (are very important). Out of 70 people, I talked to only 14. I refuse to take leftovers, and so the next time I do this, I will put a new ad in and start from the beginning."

The participants were asked what could be done to address the need for more part-time and casual employees. Responses included changing the language in the contract and job-sharing.

> "(Change the) language in the contract. Short term job-share. There is a huge interest with full-time. There are things there that say full-time people don't want those hours."
>
> "… The younger people want full-time, the older want to job-share."

The participants were told that the top job concerns of Home Care and Special Care Aide type positions were found to include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety. There was both agreement and disagreement regarding workload and irregular shifts being a concern.

> "Special Care and long-term… are overworked. (Regarding) overtime, I went through a list of 45 people to find someone to do 8 and 4-hour shifts before I found someone."
>
> "It's a challenge for Home Care workers as far as staff caseload. Too many heavy care cases are coming from hospitals needing acute care, respite, and palliative care. It's stressful… They would like to make more money… There should be more emphasis on personal safety."
>
> "Workload is a big problem so they get burned out… "
>
> "… I had a letter from a Home Health Aide who is full time in a long-term facility who I had talked to… She had two issues. One is that they don't have enough time between clients and (they don't) listen to us. I don't think workload is an issue or irregular shifts or seniority. They seem to like the overtime. We don't have trouble getting anyone to work overtime."
>
> "I have done many years in management and hear many complaints about understaffing. I have worked as a teacher with Aides as well. The complaints about workload don't have to be there if they would better organize the work… so that everything doesn't have to be done in the first two hours of the morning so they can go for coffee. I see days that are heavy but it's not so heavy for Special Care."
>
> "… the staff have a lot of time to spend discussing how shifts and hours are awarded according to seniority and other issues when they could be working. I think there needs to be better management of time and workload to… better utilize the staff."
>
> "They have concerns in aspiring to get full-time hours. Keeping lines of communication open and talking to supervisors… They need a lot of assistance with all of these things."

One participant mentioned that salary and benefits do not seem to be a concern.

> "I agree (with the concerns but not about the) salary and benefits… we went back to using a suggestion box and that has been working well."

Another respondent commented that her daughter has not experienced any of the concerns listed.

> "My daughter is in a temporary part-time position. She is extremely happy with it and her salary. It's meeting all her expectations."

One respondent indicated that some tension has resulted due to the competition between Aides and other occupations, such as the LPN.

> "I think there should be a distinction between long-term and Home Care… The levels have changed and it's more a medical unit. What used to be done by RN's is now done by Special Care Aides. There is a lot of competition between the Special Care Aides and the LPN's…. and the Aides are resentful."

The participants were asked whether they feel that the work is becoming more intense in that it takes three or four people to work with some of the more aggressive or heavy clients. There was agreement that it is more intense due to the aggressive people, as well as the heavier people. It was mentioned that more training is required to deal with these types of clients. In addition, more training and support is needed in order for staff to learn the proper work behaviours.

> "… The workload and care are heavier. The public is more knowledgeable and more demanding… the staff want to do the best they can. Some residents are not nice. Many times I have seen staff coming out of a room crying. There needs to be more emphasis on training with respect to handling dementia, aggression (both physical and verbal), and peer pressure from other staff. Sometimes you see unacceptable behaviour from staff and the new staff (members) start doing the same things. They learn from each other."
>
> "… Managers should give more support to Special Care Aides and new employees. A lot comes back to learned behaviour."

5.5.3 Skills

The participants were asked whether there are any additional skill areas to add to the list regarding Home Care and Special Care Aide type positions: personal care, communication, providing compassion, empathy and a caring attitude, understanding dementia and nutrition. Respondents indicated that more education regarding medications is needed.

> "We had calls from communities for short courses on basic meds for Special Care Aides… We could operate a workshop to teach this."
>
> "… Basic education about over-the-counter drugs."

A variety of other skill areas were mentioned by the respondents.

> "… Home Care Aides could use a defensive driving course."
>
> "… more time should be spent on that whole area of observation and reporting precisely."
>
> "...Observation documentation and reporting is necessary. CPR is not required in the course but it is needed. Some people who weren't trained have gone on to take courses but because English was not their first language… taking the theory must be a challenge. Because of our changing demographics and immigration where English is not their first language, this is something (that needs to be) looked at."

> "… Good command of English is necessary for good communication. With some, their verbal skills are good but their written skills are at a Grade 6 level. If we want them to do proper documentation, than that can be a problem… "
>
> "They don't need CPR but they should know the Heimlich manoeuvre."
>
> "CPR and First Aide - they should know those just as a life skill."
>
> "Personal coping skills. Some people have a lot of personal problems… and that comes out in their attitude towards the clients… "
>
> "TLR. We teach it but it's a big, on-going area."
>
> "Back management – educating them is my biggest concern."
>
> "… budgeting, loans, finances… professional dress… study skills… "

Some of the participants emphasized the importance of communication.

> "… Try to work with staff on an on-going basis - (have) better interpersonal relationships."
>
> "Communication… Negative conflict resolution; maintaining professional relationships - not being best friends with the staff but having a correct professional relationship… "
>
> "… Not taking things personally… conflict resolution."

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is. Overall, there seems to be a demand for the training, but it appears that the training is either in the initial stages or is not currently being done.

> "I think it's important, but generally, a lot of that is left up to the employers. With the Home Health Aides, their whereabouts is the big thing."
>
> "This is a really important area to research and look up. There is a lot of potential to work in a safe environment and promote it."
>
> "It's not a big focus in the classroom."

When asked whether anyone has accessed OH&S lately, one respondent stated that *"we use the green book setting out rights and responsibilities and benefits for the job."*

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts. The importance of palliative care and communicating with grieving families was mentioned by one participant. Other responses included time management, taking care of yourself, and for Home Health Aides, *"being able to recognize fraud in the homes of people and signs of elder abuse… and handling calls from family members."*

The participants were asked to comment on how they, as an industry, can best develop the skills and competencies required to meet future needs of both employers and clients. Training was mentioned most often by the respondents.

> "Staff are the backbone of the facility so it's important to invest time and money to train staff properly… "
>
> "Enhancement of skills – a stronger focus on revisiting training and demonstrations. Maybe having a lab area to practice things like transfers and lifts."
>
> "Advanced workshops at SIAST… "
>
> "With TLR, we have Special Care Aides who take the training course and come back and teach it to others. They can do it better than I can."
>
> "Select the right staff with the right aptitudes for the job."

One participant was wondering whether the course length should stay the same if more content is added.

> "If we are going to add more content to the course, do we want to keep it at the same (amount of) hours… or make it longer to allow for more content… what could be cut back to keep the same number of hours?"

5.5.4 Training

The participants were told that most employers require those without a certificate to obtain one during their first two years of employment. Some of the respondents replied that the employees have five years to complete the training if they do part-time studies and another stated that unions want the training completed within two years.

> "The requirement for two years is a contract issue but they have five years to complete the program… if they do part time studies… "
>
> "They are not in a contract until they are employed."
>
> "It has to do with the local unions. They don't want to extend it. They want it done in two years."

The respondents were asked whether they feel more on-the-job training should be provided for Home Care and Special Care Aide type positions. One respondent said *"this way you can ingrain your own procedures in the staff."*

The respondents were asked whether there are any barriers to providing on-the-job training. One training provider asked *"why wouldn't a person go to your in-house programs? Why would they come to us?"* Another respondent stated *"people still need training. Sometimes cost is an issue."*

The participants were asked whether the cost of pre-employment and on-the-job training is reasonable. Cost was seen as a barrier by the respondents.

> "They have to pay it back. It's an interest-free loan. They get paid education hours. The cost is increasing and that is a barrier for us…. it's going up again…"
>
> "A lot of these people are at the low-end of the financial scale and can't get loans."
>
> "It forces us to develop programs."

The participants were asked whether current training initiatives adequately recognize prior learning and on-the-job training. One respondent replied that *"it's brand new"* and another stated that *"we need funding to look at it."* Another participant stated that there is a cost to it but it saves time.

> "... We are doing a pilot program on buddied hours. They could apply for a practicum and advance faster if they already have 500 hours in the field."

One respondent was unsure about how this "buddy" process could work.

> "How can we manage it? If you have twenty requests for buddy hours, you have to have clients to accept them."

Another participant commented that she had an employee who could challenge the course.

> "I had someone apply who had a 300 hour course, a practicum and 1000 hours in homes... She could challenge the course and SIAST has the documentation."

Some of the respondents commented on the difficulties encountered with the laddering process.

> "... The LPN's only recognize two Special Care Aide courses so they have to take the whole course all over again. It's a battle but we are working on that."
>
> "... laddering from Special Care Aides to LPN's should be looked at so that fewer hours are needed... "
>
> "... We see more moves from Aides to LPN's to nursing. It's being done and could be done more."

When asked whether many Home Care and Special Care Aides continue their education and ladder into other programs, respondents stated that *"it would help if Home Health Care Aides had an association"* like *"a professional organization to take control of themselves."*

The participants were asked whether there is a need to standardize pre-employment and on-the-job training programs, and if so, how could it be accomplished. One respondent stated that *"it's not something we relish"* and another stated that *"it would be a conflict for SIAST to do it."* However, most of the respondents felt there is a need to standardize.

> "It would be a benefit for them to have a professional organization. They have to be accredited to a certain point."
>
> "There needs to be a body outside of any training organization."
>
> "RN's, pharmacies, they could audit me and I am responsible for my performance."
>
> "It would assist people from out of province."

The respondents were asked how current training providers gain input from the health care industry when developing their programs. The responses were that there are Advisory Committees.

> "We have an Advisory Committee from long-term and acute care homes."
>
> "SIAST has Advisory Committees in all of those areas."

When asked whether these Advisory Committees work well, the respondents agreed that they do.

5.5.5 General Industry

The participants were asked whether they feel it is easy for employees to move between employers, health districts, and unions both within and outside Saskatchewan. One respondent stated that *"it's not so easy for unions (as there are) seniority issues."*

The participants expect that the future need for Home Care and Special Care Aide type positions will increase regardless of whether the position is full-time, part-time or casual. Some of the reasons for this expected increase are as follows.

> "The LPN market is flooded… "
>
> "We are losing RN's."
>
> "Administration is moving from RN's to LPN's."
>
> "As they move people from hospitals sooner… it will increase Home Care requirements."
>
> "… people are living longer so we will be seeing more very old people."
>
> "We are not even seeing the half of it yet. I worked in the States for four years and it is just a consumer-driven system."
>
> "People know they have more options. They can get out and find out what's out there."
>
> "As people gain more knowledge, they become more demanding."
>
> "There are changes, too, with young people as residents with MS, head injuries, and a whole group of pediatrics that all have high needs."

The participants were asked what could be done by the health care industry to ensure these needs are met.

> "Recruit students that will stay… "
>
> "We do in-house postings and we get a lot of people applying from other areas and a lot of applications from the Internet… "
>
> "Better screening."
>
> "Glamorize the profession."
>
> "Advertise. Get the message out that these are well-paid jobs."
>
> "At career counselling days, we have to try to sell it to people with these attributes… when they see LPN booths, they go around and avoid the booth."
>
> "Promote that it's a profession. LPN's are organized… They need to organize the Home Care and Special Care workers."
>
> "Get the information to the public. We brought them in for group meetings."
>
> "Need to show there can be time to spend on the job to gain a sense of job satisfaction… Appeal to young moms."

A problem mentioned was that there are *"negative attitudes about the profession."*

> "In our own District, a lot of the people still think that Home Health Aides only cook and clean."

Another problem indicated was the wages.

> "... The problem is they go into food services at $11 an hour and make more than Home Health Aides for easier work."

It was mentioned by one participant that *"when you get a good employee, we tell them they are competent and urge them to move on so that they don't stay at the bottom of the heap, but then we lose them!"*

5.5.6 Closing Comments

The participants did not have any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan.

5.6 Focus Group Key Findings

The following is a summary of the key findings from all five focus groups.

5.6.1 Employment Status

The participants generally agreed with the following profile regarding Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

However, several participants in the health districts/training providers group felt that Special Care Aides are not employed on a full-time basis. They also stated that many Home Care Aides are employed full-time. As well, some respondents in the employee group mentioned that Home Care and Special Care Aides may be dissatisfied with their jobs depending on the workplace and amount of time spent in the industry.

The employer groups commented that there is role confusion in the industry due to the number of job titles used for Home Care and Special Care Aide type positions. The participants also indicated that some employers require their employees to obtain a certificate within a two year period while others do not require that the employees have a certificate. Some respondents commented that not having a certificate affects the employees' ability to obtain a position other than casual.

When asked whether they agree that approximately one-quarter of employers employ Aboriginal people in their organization, most of the participants commented that they employ between zero and 30 percent. However, participants in the northern group indicated that the majority of their workforce is Aboriginal.

The participants generally agreed that the main duties of Home Care Aide type positions include basic daily personal care (dressing, bathing, and grooming), basic housekeeping (cleaning, laundry), meal preparation, and respite services. However, the public employer group felt that housekeeping is not a main duty of Home Care Aide type positions anymore. As well, the northern group

indicated that the type of duties depends on whether the Home Care Aide is trained (for example, duties would include personal care) or untrained (for example, duties would not include personal care but would include housekeeping).
Many respondents felt that Home Care Aide type positions also have additional duties, such as palliative care, medication administration, social and emotional care, shopping, assessment and charting.

The participants generally agreed that the main duties for Special Care Aide type positions are basic daily personal care, meals and feeding, and socializing/entertaining. However, the private employer group commented that the duties differ whether the employee is in a special care home or a personal care home. The employee group indicated that the duties are accurate depending on the amount of time the Special Care Aide has. The employees also mentioned that Special Care can be more task-oriented and Home Care can be more people-oriented.

Many respondents listed additional duties for Special Care Aide type positions. These included dementia care, family counselling/family networking, assessing, housekeeping, charting, delegation of medications when supervised, and teaching other Aides who are orientating.

In general, the participants agreed that some of the main differences between urban, rural and northern survey respondents include travel issues, cost and accessibility of training. Some of the other issues mentioned were as follows: private services for homemaking do not exist in the rural areas, rural Home Care Aides have to take on more tasks, it is difficult to find private care providers in rural areas, and rural Aides do not have the support that urban Aides have. In addition, the availability and retention of Aides, access to equipment and safety of rural Aides were mentioned as issues.

The northern group stated issues that were especially relevant for the north. Issues included the cost and difficulty in getting students to one location due to the large geographical area, education and language issues, challenges in finding instructors, and the lack of cultural sensitivity by some trainers. Concerns regarding practicums were raised in terms of the amount of travel required and having to leave their families, as well as centers not being large enough to accommodate the number of practicums needed. As staff missing work to attend training was seen as an issue, respondents mentioned that some on-the-job type training was being done in shorter durations over a longer period of time to assist with staffing requirements.

Some of the participants in the public employer group discussed how on-the-job training seems to be discouraged by the College (SIAST).

5.6.2 Recruitment and Retention

When asked what they thought employers and the health care industry in general could do to overcome some of the recruiting and retaining difficulties for Home Care and Special Care Aide type positions, enhancing the image of the industry and accentuating the job positives, offering full-time and other types of desired employment and job security, increasing job satisfaction, increasing wages, better screening, making the retention of local staff a priority, sharing staff between communities, and offering training and bursaries were the type of responses mentioned.

The participants were asked what initiatives could be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aide type positions in Saskatchewan. Responses included encouraging them to submit resumes, having trainers use a tougher evaluation process, increasing the entrance level requirements, having a tracking process when they leave the course, having on-site student training, getting the instructors to be more involved in the practicum, realistically preparing students for the job and unionization, and changing the image of these types of jobs.

The participants were asked what could be done to address the need for more part-time and casual employees. Comments included re-examine the collective agreements for Home Care, realistically communicate the type of position new graduates can expect, guarantee hours, and have a "job shadowing" program.

Most respondents agreed that it is more difficult to recruit and retain part-time and casual employees than full-time employees. Potential solutions mentioned include job-sharing and offering benefits or a full-time shift to casual employees.

Most participants agreed that the top concerns of Home Care and Special Care Aide type positions include workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety. However, some employers felt workload, irregular shifts, and salary and benefits were not concerns. Some employees mentioned that they do not feel empowered.

5.6.3 Skills

The participants general agreed that the main skill or knowledge areas regarding Home Care and Special Care Aide type positions are: personal care, communication, providing compassion, empathy and a caring attitude, understanding dementia and nutrition. Some additional skill areas mentioned include assessment, palliative and acute care, medication administration, anatomy and physiology, dealing with different types of diseases, charting, TLR, personal response training, alternative approaches to caregiving, and defensive driving. Many respondents indicated that training is required in these areas.

The vast majority of participants felt that the skill areas they were trained in are still relevant.

The employee group mentioned that sometimes work in dementia can be dangerous and that it is not an easy process to refuse to give these clients care. They also commented that work has become heavier in terms of the level of care and type of clients.

The participants were asked to comment on how strong the demand or need for training related to Occupational Health and Safety (OH&S) is. In general, there seems to be a demand for this type of training and many respondents have accessed it. The northern group commented that they would like to access this training, but it is very difficult to get the specialized trainers to come in so staff members need to be sent away for training.

A comment was made by the private employers that this study deals more with Home Care and long-term care issues. *"It's not really pertaining to a lot of the personal care homes."*

The participants were asked if there are any other new skills that will be required of Home Care and Special Care Aide type positions in the next five years besides delegation, behaviour management, palliative care, distribution of medications, conflict resolution, and new equipment and lifts. Responses included assessment, communication with the client and supervisor, computer/internet skills, administrative skills, respite care skills, and time management skills.

The participants were asked to comment on how they can best develop the skills and competencies required by industry to meet future needs of both employers and clients. Responses included enabling access to training, knowing what types of clients there will be in the future and communicating that back to employees (e.g., cognitively impaired clients), communication among the training providers and between the training providers and the employers who are providing in-house training, on-line and satellite training, and access to 24 hour home care. Some respondents in the employee group indicated that more training in certain areas would be beneficial, but it is difficult to have the time and money to take the courses.

The private employer group expressed frustration with the lack of government subsidies for clients regarding private industry services. It was mentioned that subsidization would enable more clients to access their services which in turn would allow them to offer better benefits, etc. to their employees. When asked if it would help if an association was in place, comments included that they have been trying to do that for years.

The employee group was also asked if they felt it would be better if an association was in place. All agreed that it would be better.

5.6.4 Training

The participants generally agreed that existing formal training programs meet the needs of both graduates and employers. Some participants in the private employer group indicated that the programs have some inadequacies. A comment from the northern group was that they are only beginning to require that people be trained.

When asked whether they feel more on-the-job training should be provided for Home Care and Special Care Aide type positions, some respondents stated there should be more.

The participants were asked if there are any barriers to providing on-the-job training besides cost and time. Comments included having the staff available to train and lack of a supervisor. One private employer stated that it sometimes takes awhile for a new employer to learn to teach the skills properly.

The public employers were asked whether the expectations of the practicum are always realistic. There was mixed reaction regarding the realism of expectations from both their employees and training providers.

The participants agreed that the cost of pre-employment and on-the-job training is not reasonable for most people. However, the employees stated that they were paid to take their training.

Some of the participants were unaware of what prior learning assessment was so a definition was provided. When asked to comment on whether current training initiatives and their employers adequately recognize prior learning and on-the-job training, the employees agreed that the recognition is not adequate. Some of the public employers comments included that they have not seen it used, it is brand new, it is expensive, it saves time, and it is a good opportunity but it is work intensive. Some of the private employers indicated that they do recognize experience, including volunteer work.

The participants were asked how well existing training programs allow Home Care and Special Care Aides to ladder into other training programs. Several of the employees felt they could easily ladder into the LPN or other programs and stated that many continue their education. However, some employees commented that they were not aware of these laddering opportunities. The private employers felt that the ability to ladder into other training programs has improved. The health districts/training providers group indicated that there are some difficulties with the laddering process and it would help if the Aides had an association. The public employer group was mixed on how well existing training programs allow the Aides to ladder into other programs, and they felt that laddering is not a common occurrence.

Most participants agreed that there is a need to standardize training programs, both pre-employment and on-the-job. When asked what mechanism could be used to enable training providers and industry to work together, effective communication and meetings were mentioned. However, many of the respondents were unsure of what should be done.

When asked how trainers can gain input from the health care industry to develop their programs, the health districts/training providers group responded that there are Advisory Committees in place and they work well. In addition to having employers communicate the changes directly to training providers, it was felt that the Aides also need to be involved. The employees indicated that having an instructor with industry experience is another way for the programs to gain input from the health care industry.

5.6.5 General Industry

The employee group felt that it would be difficult for employees to move between employers, health districts, and unions both within and outside the province. However, most of the participants in the private and public employer groups stated that it would be relatively easy. One participant in the health districts/training providers group also stated it would be difficult due to unions.

The participants generally agreed that the future need for Home Care and Special Care Aide type positions will increase regardless of whether the position is full-time, part-time or casual. The private employer group agreed there will be an increase and that the future needs will be different (e.g. there will be more dementia care). They also felt that many clients stay in Saskatchewan as long as they can and then move to other provinces to where their families are. Reasons provided for this trend include the lack of government subsidization and cost as compared to other provinces.

The health districts/training providers group felt that a number of activities could be undertaken by the health care industry to ensure that the future need for these positions are met. Some activities mentioned include advertise, glamorize the profession, better screening, and organize the Aides like the LPN's.

The participants were asked what the general health care issues are that affect the labour market for Home Care and Special Care Aide type positions. The employee group stated that physical and mental abuse from the clients and safety are issues, and they want to be treated as professionals. The northern group commented that private home care and how soon people are discharged from the hospital affect the labour market. The health districts/training providers group indicated that negative attitudes about the profession and wages are issues.

5.6.6 Closing Comments

The participants were asked if they had any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan. One respondent in the public employer group commented that training has improved over the years as people used to be hired "right off the street." Some of the comments provided by the private employers included students should not be forced to take this type of training through welfare and other programs, it is difficult to find volunteers, it is difficult for personal care homes to get practicums, and private personal care home issues need to be dealt with soon.

6 Profile of the Existing Saskatchewan Home Care/Special Care Aide Workforce

A profile of the existing Saskatchewan Home Care/Special Care Aide workforce has been developed based on the literature review, survey results, focus group validation, and Steering Committee meetings. This profile is intended to provide an aggregate overview of the industry; therefore, components of this profile may not be reflective for all individual employers and employees. The profile includes a general overview of the Home Care/Special Care Aide employers and industry, Home Care Aides, and Special Care Aides.

6.1 Home Care/Special Care Aide Employers and Industry

6.1.1 Key Issues

- Home Care and Special Care Aides combined account for approximately 23% of the total Saskatchewan health service employees.
- The main employers of Home Care and Special Care Aide type positions are home care and long-term care facilities.
- Approximately 25% of the Saskatchewan Home Care/Special Care Aide workforce (measured in FTE's or full-time equivalents) are Home Care Aides and the remaining 75% are Special Care Aides.
- Some Home Care and Special Care Aides work for more than one employer. In addition, some Home Care Aides also work as Special Care Aides and vice versa.
- Difficulties in recruiting and retaining Home Care and Special Care Aide type positions are experienced by many employers, especially those in the rural and northern areas.
- Casual positions are the most difficult positions to recruit and retain.
- Of those who are recruiting for Home Care and Special Care Aides, most are recruiting for casual positions followed by part-time positions.
- Employers and industry use various job titles and descriptions for Home Care and Special Care Aide type positions.
- Employers in the public sector usually require the employee to receive certification within a two to five year period while many in the private sector do not require their employees to be certified.

6.2 Home Care Aides

6.2.1 General Employment Status

- Approximately 25% of the total Home Care/Special Care Aide workforce in Saskatchewan are Home Care Aides.
- The majority of Home Care Aides are employed on a part-time basis, followed by casual.

- Some Home Care Aides work for more than one employer and/or also work as a Special Care Aide.
- The number of full-time, part-time and casual Home Care Aide type positions is expected to increase in the future.

6.2.2 Urban, Rural and Northern Employment Status

- The majority of full-time equivalent Home Care Aides are employed in rural districts.
- The majority of Home Care Aides employed in urban and rural districts are in part-time positions. The majority of Home Care Aide positions in the north are casual positions.
- Differences exist between the two urban health districts with regards to employment status of Home Care Aides. In 2000, the Regina Health District reported that 31% of their Home Care Aides are in full-time positions, 47% are in part-time positions, and 22% are in casual positions. In comparison, the Saskatoon Health District reported that 22% of their Home Care Aides are in full-time positions, 52% are in part-time positions, and 26% are in casual positions.

6.2.3 Vacancy, Turnover Rates, Recruitment and Retention

- When analyzed provincially, Home Care Aides did not have one of the highest vacancy rates in the health care industry in 2000. Vacancies include positions for which personnel were actively being recruited during the calendar year. However, employers are actively recruiting for Home Care Aide positions.
- Vacancy rates reported in 2000 were higher in the urban areas for Home Care Aides than in the rural and northern areas.
- Turnovers include staff that ceased employment during the calendar year through resignations, retirements and terminations. The Home Care Aide turnover rate reported in 2000 was the same in both the rural and urban areas.

6.2.4 Gender and Age of Employees

- Almost all Home Care Aides in the industry are female and their average age is 40.

6.2.5 Unionization

- Unionized Home Care Aides belong to three main unions in Saskatchewan: 52% belong to CUPE, 45% to SEIU, and the remaining 3% to SGEU.
- Of the total unionized Home Care Aides, 62% are part-time, 26% are casual, and 12% are full-time.

6.2.6 Duties and Knowledge Areas

- The main duties of Home Care Aide type positions include:

  - basic daily personal care (dressing, bathing, and grooming);
  - basic housekeeping (cleaning, laundry);
  - meal preparation; and
  - respite services.

Additional duties include palliative care, medication administration, social and emotional care, shopping, assessment and charting.

- The main knowledge areas for Home Care/Special Care Aide type positions include:
  - personal care;
  - communication;
  - providing compassion, empathy, and a caring attitude;
  - understanding dementia; and
  - nutrition.

- New skills are expected to be required of Home Care/Special Care Aide type positions in the next five years. These include:
  - delegation;
  - behaviour management;
  - palliative care;
  - distribution of medications;
  - conflict resolution;
  - new equipment and lifts;
  - assessment;
  - communication with the client and supervisor;
  - computer/internet skills;
  - administrative skills;
  - respite care skills; and
  - time management skills.

6.2.7 Job Satisfaction and Utilization of Skills

- Home Care Aides are generally satisfied with their jobs and the extent to which their jobs utilize their skills. However, many still identified concerns that need to be addressed, such as workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.

6.3 Special Care Aides

6.3.1 General Employment Status

- Approximately 75% of the total Home Care/Special Care Aide workforce in Saskatchewan are Special Care Aides.
- The largest number of Special Care Aides are employed in full-time positions.
- Some Special Care Aides work for more than one employer and/or also as a Home Care Aide.
- The number of full-time, part-time and casual Special Care Aide type positions is expected to increase in the future.

6.3.2 Urban, Rural and Northern Employment Status

- The majority of full-time equivalent Special Care Aides are employed in rural districts.
- Full-time positions comprise the largest percentage of Special Care Aide positions in rural and urban districts.
- Differences exist between the two urban health districts with regards to employment status of Special Care Aides. In 2000, the Regina Health District reported that 56% of their Special Care Aides are in full-time positions, 26% are in part-time positions, and 18% are in casual positions. In comparison, the Saskatoon Health District reported that 28% of their Special Care Aides are in full-time positions, 31% are in part-time positions, and 41% are in casual positions.

6.3.3 Vacancy, Turnover Rates, Recruitment and Retention

- When analyzed provincially, Special Care Aides did not have one of the highest vacancy rates in the health care industry in 2000. However, employers are actively recruiting for Special Care Aide positions.
- Vacancy rates reported in 2000 were higher in the urban areas for Special Care Aides than in the rural and northern areas.
- Turnover rates reported in 2000 for Special Care Aides were highest in urban areas.

6.3.4 Gender and Age of Employees

- Almost all Special Care Aides in the industry are female and their average age is 41.

6.3.5 Unionization

- Unionized Special Care Aides belong to three main unions in Saskatchewan: 52% belong to CUPE, 46% to SEIU, and the remaining 2% to SGEU.

- Of the total unionized Special Care Aides, 37% are full-time, 33% are part-time, and 30% are casual.

6.3.6 Duties and Knowledge Areas

- The main duties of Special Care Aide type positions include:
    - basic daily personal care;
    - meals and feeding; and
    - socializing/entertaining.

Additional duties include dementia care, family counselling/family networking, assessing, housekeeping, charting, delegation of medications when supervised, and teaching other Aides who are orientating.

- The main knowledge areas for Home Care/Special Care Aide type positions include:
    - personal care;
    - communication;
    - providing compassion, empathy, and a caring attitude;
    - understanding dementia; and
    - nutrition.

- New skills are expected to be required of Home Care/Special Care Aide type positions in the next five years. These include:
    - delegation;
    - behaviour management;
    - palliative care;
    - distribution of medications;
    - conflict resolution;
    - new equipment and lifts;
    - assessment;
    - communication with the client and supervisor;
    - computer/internet skills;
    - administrative skills;
    - respite care skills; and
    - time management skills.

6.3.7 Job Satisfaction and Utilization of Skills

- Special Care Aides are generally satisfied with their jobs and the extent to which their jobs utilize their skills. However, many still identified concerns that need to be addressed, such as workload (including understaffing, time pressures); management issues; irregular shifts (including lack of full-time hours, seniority issues); salary and benefits; pensions; travel issues; and personal safety.

7 Training Analysis and Grid

The following outlines conclusions drawn from the literature review, survey results, focus group validation, and Steering Committee. As the conclusions are based on aggregate responses, some of the following may not reflect individual situations.

7.1 General Overview

- Those in the public sector usually require employees to receive certification within a two to five year period while many in the private sector do not require their employees to be certified.
- Cost and time are the main barriers to accessing Home Care/Special Care Aide pre-employment and on-the-job training. Northern locations also view travel, proximity to training, education and language issues, challenges in finding instructors, lack of cultural sensitivity by some trainers, and access to practicums as a barrier. Some of these issues are relevant for the rural areas as well.
- Existing Saskatchewan formal training programs generally meet the needs of both graduates and employers.
- There were needs and niches identified by Saskatchewan training providers that could be filled by Home Care/Special Care Aide training programs. For example, the areas of acute care, palliative care, and special needs children were identified.
- There is a need to standardize training programs, both pre-employment and on-the-job.
- Currently, there is limited or no transfer of credit regarding laddering into other programs, such as the LPN, through Saskatchewan training providers.
- Many employers and employees are unsure of what PLAR is and feel that prior learning and on-the-job training is not being adequately recognized.

7.2 Comparison of Training Providers in Western Canada

The following is a comparison of Home Care/Special Care Aide type programs in Saskatchewan and the western Canadian provinces. Programs that have been granted SIAST equivalency status are identified. As indicated in the chart on the following pages, there is no standardization between training programs as costs, length of program, certificate received, etc. varies between the training providers.

20001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
SASKATCHEWAN									
Saskatchewan Institute of Applied Science and Technology (SIAST): Saskatoon, Prince Albert, Regina, Moose Jaw *Dumont Technical Institute, Regional Colleges (Carlton Trail, Cypress Hills, North West, Parkland, Southeast, Cumberland, Northlands, and Prairie West), as well as other training providers broker the SIAST program on a full-time, part-time or on-the-job basis as required*	Public	Home Care, Special Care and Home Care/ Special Care Aide Certificates	FT: 30 wks to complete PT and On-the-Job: 5 years to complete	Total Program Hours for Home Care/Special Care Aide: 783 (Special Care Practicum – 195 hours, Home Care Work Experience – 90 hours, Total Theory and Lab – 498 hours) Total Program Hours for Home Care Aide: 648 (Home Care Work Experience – 150 hours, Total Theory and Lab – 498 hours) Total Program Hours for Special Care Aide: 693 (Special Care Practicum – 195 hours, Total Theory and Lab – 498 hours)	Grade 10 or GED 12, must be 17 or older For on-the-job training, the above entrance requirements apply. In addition, employment in a Health Care District is required. Special Admission may apply.	FT costs: (approx.) - $1,850 tuition plus $525 for books and supplies Due to funding, the total cost remains the same regardless of where the full-time course is taught e.g., SIAST, regional college, DTI Part-time costs: (cost recovery basis) estimated at $3,500 to $4,000 tuition plus books On-the-job costs: Varies from $0-$2,100 Regional colleges PT and on-the job varies due to cost recovery methods	n/a	n/a	n/a

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
SASKATCHEWAN - continued									
Saskatchewan Indian Institute of Technologies (SIIT): Prince Albert, La Ronge, Meadow Lake, Onion Lake, North Battleford, Saskatoon, Yorkton, Fort Qu'Appelle, and Regina *Communities and employers broker the program on a part-time on-the-job basis as required*	Public	Home Health/Long-Term Care Aide, Home Health Aide, Long-Term Care Aide Certificates	FT: 32 weeks PT On-the job: 5 years to complete	Total Program Hours: 892 hours (Theory - 550 hrs, practicum for home care – 150 hours, practicum for long-term care – 192 hours)	Grade 10 or equivalent There is also a mature admission policy - min. age 21, pre-admission exam/interview	FT costs (approx.): $2,500 for tuition plus books PT costs vary depending on where the program is held.	Yes	Yes	Yes
Saskatoon Business College: Saskatoon	Private	Personal Care Aide Certificate *(SIAST equivalency by Saskatoon District Health)*	FT: 24 weeks	Total Program Hours: 820 (Classroom theory, practicums, and clinical experience)	Grade 10 or 11 plus entrance exam or Complete Grade 12 or GED 12.	FT costs: $4,300 tuition plus $727 books			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
BRITISH COLUMBIA									
Camosun College: Victoria	Public	Home Support/ Resident Care Attendant Certificate	FT: 23 weeks	Total Program Hours: 690 (Theory = 345 hours and Practicum = 345 hours)	English competency test or approved English level and completed min. 40 hrs as a volunteer or employee in a long-term care facility within the past year	FT costs: $833 tuition excludes books/supplies and student fees	IPA	IPA	IPA
Capilano College: North Vancouver	Public	Home Support/ Resident Care Attendant Certificate	FT: 23 weeks	Total Program Credits: 23 credits (Theory and Practicum)	Grade 10 or equivalent and min. age 19, interview, references, good health, First Aid and CPR Level C, criminal record check	FT costs: $800 tuition plus $250 books/supplies - approximate total: $1,050			
		Home Support/ Personal Care Attendant Certificate	FT: 30 weeks	Total Program Credits: 30.75 credits (Theory and Practicum)	Grade 10 or equivalent, with Grade 12 preferred, min. age 19, interview, references, good health, First Aid/CPR	FT costs: $1,400 tuition plus $230 books/supplies - approximate total: $1,630			
Stenberg College: Surrey and Langley	Private	Resident Care Attendant Certificate	FT: 21 weeks PT: 45 weeks to complete	Total Program Hours: 690 (Theory = 390 hours and Practicum = 300 hours)	Grade 12 or 19 years of age with completion of Reading Comprehension Test; written English ability, criminal record check, acceptable medical exam and TB test results	FT costs: $5,885 tuition plus $500 books/supplies plus $100 registration fee: approx. total: $6,485 PT: similar to FT			
The University College of the Cariboo: Kamloops and satellite campuses in B.C.	Public	Home Support/ Resident Care Attendant Certificate	FT: 6 months	Theory and Practicum	BC Grade 10 min. (Grade 12 preferred), CPR Level A, medical, interview and completion of Entry Assessment Tests	FT costs: unavailable at this time as tuition is under review			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
BRITISH COLUMBIA - continued									
College of New Caledonia: Prince George and Burns Lake	Public	Home Support/ Resident Care Attendant Certificate	FT: 29 week program over 35 week instructional period PT: 4 years to complete	Total Program Hours: 720 (Theory = 360 hours and Practicum = 360 hours)	Min. Grade 10 reading level, current immunization, health examination and Hepatitis B vaccination, criminal record check, and essay	FT costs: $1,350 for tuition excludes books and uniform PT costs: similar to FT			
Sprott-Shaw: Vancouver and 14 other campuses throughout BC	Private	Resident Care Attendant Diploma	FT: 27 weeks	Total Program Hours: 675 (Theory and 10 wk Practicum)	Grade 12 or GED or Mature Student Status, entrance exam, criminal record check, medical and TB check	FT costs: $7,460 includes tuition, books, uniform and other fees			
Open Learning Agency: Burnaby	Public	Home Support Attendant Certificate	PT: No maximum timeframe to complete	Total Program Credits: 15 credits (Theory and Practicum)	Proof of employment in home support (or volunteer work in community and service agencies) and/or an interest in pursuing a career in home support; Grade 10 reading/written English ability, medical check, references, current immunizations, First Aid, CPR Level C, criminal record check, phone interview	PT costs: $1,500 for tuition and books - excludes travel and other costs			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
BRITISH COLUMBIA - continued									
College of the Rockies: Cranbrook and Creston	Public	Resident Care/Home Support Attendant Certificate	FT: 25 weeks PT: 2 years to complete Semi Distance Program: 36 weeks to complete	Total Program Hours: 696 (Theory = 360 hours and Practicum = 336 hours)	Grade 10 with a minimum of C (or ABE Intermediate Level) in English, Math, Social Studies and Science, or GED, Food Safe and CPR Level A, First Aid, good health, immunizations, min. 15 volunteer hours at long-term facility, references, criminal record check	FT costs: $800 tuition plus $400 books, uniform, etc. - approximate total: $1,200 PT and Semi Distance costs: Similar to FT costs plus travel costs			
Douglas College: New Westminster	Public	Home Support/ Resident Care Attendant Certificate	FT: 21 weeks	Theory and Practicum	English skills at the required entry level, good health, current immunizations, First Aid and CPR Level C, criminal record check	FT costs: $1,125 tuition plus $715 books and supplies - approximate total: $1,840			
Malaspina College: Nanaimo, Cowichan, and Powell River	Public	Home Support/ Resident Care Attendant Certificate	FT: 24 weeks PT: 10 months to complete 551 hours	Total Program Hours: 672 hours for full-time and 551 hours for part-time (Theory and Practicum)	English 12 or equivalent, references, interview, CPR Level C, current immunizations, good health	FT costs: unavailable at this time as tuition is under review			
North Island College: Campbell River and Port Alberni	Public	Home Support/ Resident Care Attendant Certificate	FT: 24 weeks PT: 10 months to complete	12 weeks of Theory and 12 week Practicum	English competency, min. 40 hours over 3 months volunteer experience in a health care facility, criminal record check, references, First Aid	FT costs: $1,200 for tuition, books, uniforms, etc. PT costs: similar to full-time			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
BRITISH COLUMBIA - continued									
Northern Lights College: Dawson Creek, Chetwynd, Fort St. John	Public	Home Support/ Resident Care Attendant Certificate	FT: 25 weeks	Total Program Hours: 600 (Theory and Practicum)	Grade 10 min., essay, good health, TB check, references, First Aid, Food Safe, CPR Level C, criminal record check	FT costs: $800 tuition - excludes books/supplies, uniforms			
Northwest Community College: Prince Rupert	Public	Home Support/ Resident Care Attendant Certificate	FT: 6 months	Theory and Practicum	Grade 10 or CCP Intermediate or GED, current immunizations	FT costs: $975 tuition - excludes books/supplies			
Okanagan University College: Kelowna, Penticton, and Vernon	Public	Home Support/ Resident Care Attendant Certificate	FT: 23 weeks	Total Program Hours: 748 (Theory and Practicum)	Grade 10 or equivalent, proficiency in English, min. 19 years, First Aid, criminal record check, good health, TB check, Food Safe	FT costs: $867 tuition and fees, plus $500 books/supplies - approximate total: $1,367			
University College of the Fraser Valley: Chilliwack	Public	Resident Care Attendant Certificate	FT: 20 weeks	Total Program Hours: 600 (Theory and Practicum)	Grade 12 or Grade 11 with English 11 or CCP (Advanced Level Certificate) or GED or Composition Placement Test (min. score 48), First Aid, good health, completion of immunization program, interview, criminal record check, reference, experience as an employee or volunteer in long-term	FT costs: $700 tuition plus $200 for books/supplies/field trips, plus $200 for uniform - approximate total: $1,100			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
BRITISH COLUMBIA - continued									
Vancouver Community College: Vancouver	Public	Home Support/ Resident Care Attendant Certificate	FT: 7 months	Total Program Hours: 840 (Theory and Practicum)	Grade 10 or equivalent, First Aid, current immunizations, TB test, criminal record check	FT costs: $1,099 tuition plus $385 for books and supplies - approximate total: $1,484	IPA	IPA	IPA
Family Resource Institute and Career College: Vancouver and Victoria	Private	Resident Care Attendant Certificate	FT: 4 months PT: 6 months to complete	Total Program Hours: 520 (Theory and Practicum)	Grade 12, English competency, min. 19 years, interview	FT costs: $5,100 includes tuition, books, etc. PT costs: similar to FT			
ALBERTA									
Lakeland College: Vermilion and Lloydminster	Public	Personal Support Aide Certificate	FT: 16 weeks	Total Program Hours: 300 (180 hours classroom and 120 hours practicum)	High school diploma (or Mature Status admission) with at least 50% in Eng. 30 or 65% in Eng. 33, criminal record check	FT costs: $1,503 tuition and other fees plus $350 books and supplies plus $450 field trips and practicum - approximate total: $2,303			
		Community Care Certificate	FT: 32 weeks	Total Program Hours: 780 (380 hours classroom and 400 hours practicum)	High school diploma (or Mature Status admission) with at least 50% in Eng. 30 or 65% in Eng. 33, criminal record check	FT costs: $3,005 plus $600 books and supplies plus $900 field trips and practicum - approximate total: $4,505			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
ALBERTA - continued									
Centre for Community Education (A division of Augustana University College): Camrose	Private	Personal Care Practitioner Certificate	PT: 1 year to complete	Total Program Hours: 144 (Theory and Practicum)	English 10 or English 13, min. 18 years, First Aid	PT costs: $1,600 tuition plus $90 books, plus $60 fees - approximate total: $1,750			
Bow Valley College: Calgary	Public	Personal Care Attendant Certificate	FT: 16 weeks	Total Program Hours: 496 (Theory and Practicum)	Grade 10 English reading and writing level min., Grade 12 or GED or Bow Valley College Assessment, medical, criminal record check	FT costs: $1,095 tuition plus $200 uniform/shoes plus $250 learning materials, plus $60 lab fees plus $156 for other fees - approximate total: $1,761			
Chinook College (Co-sponsored by the Victorian Order of Nurses): Calgary	Public	Personal Care Attendant Certificate	PT: 14 weeks	Total Program Hours: 162 (Theory = 90 hours and Practicum = 72 hours)	Min. 18 years, Grade 10 English (reading and writing test), good health, police security clearance, personal interview	PT costs: $1,550 tuition/ books plus $80 other fees - approximate total: $1,630			
Lethbridge Community College: Lethbridge	Public	Personal Care Aide Certificate	FT: 16 weeks	Total Program Hours: 640 (Theory and Practicum)	Alberta high school diploma or equivalent, criminal record check, medical, current immunizations	FT costs: $2,000 includes tuition, books, uniform, etc.			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
ALBERTA - continued									
Medicine Hat College: Medicine Hat and Brooks	Public	Health Care Aide Certificate	FT: 16 weeks PT: 10 months to complete	Total Program Hours: 530 (Theory = 330 hours and Practicum = 200 hours)	Grade 12 with min. Grade 10 in Math and English preferred, references, essay, First Aid, CPR Level C, criminal record check, good health, current immunizations	FT costs: $1,392 tuition plus $200 modules plus uniforms, etc. PT costs: similar to FT			
Norquest College: Edmonton and regional colleges throughout Alberta	Public	Personal Support Aide Certificate	FT: 20 weeks PT: 28-31 weeks to complete OTJ (in-service): 1 year to complete OTJ (in-service employed in a lodge facility where tutors are available): 8 months to complete	Total Program Hours: 734 (Theory = 512 hours and Practicum = 222 hours)	Grade 10 Level English (English 10, 10-1, 10-2, 13, GED, or equivalent), min. 18 years, good health, CPR Level C, clear criminal record, up-to-date immunizations, and admission interview	FT costs: $1,700 tuition plus $210 books plus $30 student fees - approximate total: $1,940 plus general supplies if required PT costs: $1,700 tuition plus $210 books - approximate total = $1,910 plus general supplies if required OTJ (in-service): approximate total = $715 OTJ (in-service lodge program): approx. total = $1,050	IPA	IPA	IPA

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	Trainer (Public or Private)	Credential	Duration by Method of Delivery	Number of Hours or Credits in Program	Entrance Requirements	Estimated Costs	SIAST Equivalent Status (IPA = Interprovincial Articulation Member)		
							HCA/ SCA	SCA	HCA
ALBERTA - continued									
Red Deer College: Red Deer	Public	Personal Care Attendant Certificate	FT: 16 weeks 2 separate courses: one of 9 weeks and one of 7 weeks	Total Program Hours: 473 (Theory = 338 hours and Practicum = 135 hours)	Five Grade 10 subjects including English and Math or GED, medical and required immunization	FT costs: $1,640 tuition plus $735 books - excludes uniform and other costs			
Northern Lakes College: Slave Lake and Grouard	Public	Personal Support Worker Certificate	FT: 20 weeks	15 weeks of theory and 5 weeks of practicum	Grade 10 English level, min. 18 years, good health, interview, criminal record check	FT costs: $1,447 tuition plus $560 books and supplies plus $191 other fees - approximate total: $2,198			
Community Care Educational Centre (under We Care): Red Deer	Private	Health Care Assistant Certificate	FT: 18 weeks OTJ: Complete in 10 months	Total Program Hours: 759 (Theory and Practicum)	Grade 10, English competency, min. 18 years, good health	FT costs: $2,400 includes tuition and all other expenses OTJ costs: $1,900 includes tuition and all other expenses			
Training Inc.: Lethbridge	Private	Personal Care Attendant Certificate	FT: 12 weeks	Total Program Hours: 330 (8 weeks classroom and 4 weeks practicum)	Grade 12 or Grade 10 with Grade 12 English or GED or Mature Student admission	FT costs: $3,352 tuition plus $250 books and supplies - approximate total: $3,602			

2001/2002 Comparison of Existing Training Programs in Western Canadian Provinces

Institution/Location	**Trainer (Public or Private)**	**Credential**	**Duration by Method of Delivery**	**Number of Hours or Credits in Program**	**Entrance Requirements**	**Estimated Costs**	**SIAST Equivalent Status (IPA = Interprovincial Articulation Member)**		
							HCA/ SCA	**SCA**	**HCA**
MANITOBA									
College of Health and Family Support Studies: Winnipeg	Private	Health Care Aide Diploma	FT: 19 weeks	Total Program Hours: 575 (280 hours of classroom and 295 hours of workplace experience)	Grade 10 and admission test, First Aid, CPR Level C	FT costs: $2,875 for tuition, books, uniforms, etc.			
Assiniboine Community College: Brandon and Dauphin	Public	Comp. Health Care Aide Certificate	FT: 24 weeks PT: 5 years to complete	Total Program Credits: 27 academic credits and 6 practical credits	Grade 12, Manitoba Senior 4, or equivalent or Special Admission Status	FT costs: $1,046 tuition/books/fees plus $980 for supplies, trips, etc. - approximate total: $2,026 PT costs: similar to FT			
Keewaitin Community College: Cross Lake, The Pas, Thompson	Public	Health Care Aide Certificate	FT: 5 month	Total Program Credits: 32 credits (Theory and Practicum)	Grade 12, Senior 4, or equivalent or Mature student status, updated immunizations	FT costs: $1,802 tuition and fees plus $170 books - approximate total: $1,972			
Red River College: Winnipeg/Brandon	Public	Health Care Aide Certificate	FT: 17-18 weeks PT: 18 months to complete	Total Program Hours: 490+ (300 hours theory and 190+ hours clinical practice)	Fluency in written and spoken English, good health, updated immunizations, CPR at the Basic Rescuer level	FT costs: $1,408 includes tuition, lab fees, books and supplies PT costs: $2,500 tuition - excludes books, etc	IPA	IPA	IPA

Note: The above is based on the most current information available from the Training Providers and/or relevant websites as of May 2002.

8 Gap Analysis

Unless otherwise stated in the points below, the following gap analysis is based on findings from the literature review, survey results, focus group validation and Steering Committee meetings. The analysis outlines the gaps between what is currently in place and what the Saskatchewan Home Care/Special Care Aide industry requires.

Job Descriptions

- There are numerous job titles and descriptions for Home Care and Special Care Aide type positions that are used in the industry. This causes confusion for employers, employees, training providers and other relevant entities in Saskatchewan and other provinces. Presently, the need for comprehensive job descriptions and pay equity is being addressed through a *Joint Job Evaluation Project in Saskatchewan* conducted by SAHO. However, this project only applies to public employees.

Competencies

- The role and scope of the Home Care and Special Care Aide type positions is expected to expand even further in the future. As a result, numerous additional skill areas are expected to be required in the next five years. Thus, the current curriculum will need to be examined to determine what existing and future content should be included.
- Potential candidates for the Home Care and Special Care Aide type programs need to be properly screened, as identified through the focus group research. Having the right aptitude and the desire to work in this field are essential for success.

Training

- Home Care/Special Care Aide training requirements are not standardized between employers as those in the public sector usually require the employee to receive certification within a two to five year period while many in the private sector do not require their employees to be certified. Thus, standardizing training requirements in the industry should be explored. The research also indicated there is a need to explore the standardization of Home Care/Special Care Aide type training programs, both pre-employment and on-the-job, across training providers.
- Cost and travel time are main barriers to accessing training. Thus, alternatives for accessing Home Care/Special Care Aide type training in rural and northern locations should be investigated with training providers and employers. In addition, funding alternatives for continued training should be explored with entities such as Saskatchewan Health.
- Findings from the focus group and survey research indicate that many employers and employees are unsure of what PLAR is and/or feel that prior learning and on-the-job training is not being adequately recognized.
- Training providers stated that currently there is limited or no transfer of credit regarding laddering into other programs, such as the LPN. From the surveys and focus group research, there appears to be a lack of understanding by industry of the laddering process, as some participants believe existing training programs allow Home Care and Special Care Aide type positions to easily ladder into other training programs.

Casualization

- Casualization affects the ability to attract and retain qualified Home Care and Special Care Aides. Without steady employment, Aides seek other work which leads to an expanding casual labour pool.

Industry Association

- There currently is no regulatory body that addresses the needs and concerns of Home Care and Special Care Aide type positions.
- There exists a negative perception or image of Home Care/Special Care Aide type positions. Specifically, the literature review found that home care's image of being less 'professional' than other health sectors is a constant issue. The focus groups also reiterated that a professional image is needed and that there is a lack of understanding of what an Aide's job entails (e.g., "people still think that Home Health Aides only cook and clean.") Comments also included that in addition to those outside the industry, there often is a negative perception of the job among the Aides themselves.
- The views and needs of private and public employers are vastly different as identified through the focus group research. Private employers do not require certified training upon hiring, although most prefer it. Private employers also do not require those employees without a certificate to obtain one during employment, and they offer less on-the-job training mainly because of cost and time restrictions.
- From the literature review, it was identified that there is a lack of studies available regarding the Home Care and Special Care Aide industries and there is no standardization of data collection within Saskatchewan and between the provinces. As more studies are being conducted, information sharing within the industry needs to occur in order to avoid duplication of efforts and to build upon existing research.

9 Recommendations

The following recommendations proposed by the Steering Committee are to serve as a guide for the future direction of this Sector Partnership. These recommendations, which are based on the research findings and discussions with the Steering Committee, are deliberately intended to be basic in nature and will serve as the first steps for this sector.

Through this Labour Market Study of Home Care/Special Care Aides in Saskatchewan, the following key issues have been identified:

- ✓ *Job Descriptions*
- ✓ *Competencies*
- ✓ *Training*
- ✓ *Casualization*
- ✓ *Industry Association*

The Steering Committee recommends:

1. That the Steering Committee be enhanced and continue meeting to develop strategies to address the identified issues.
2. That a facilitator be brought in to guide the group's planning, which will include setting goals and objectives, identifying priorities and developing strategies to address those priorities.

10 NEXT STEPS

The following action plan was developed regarding the next steps for the Steering Committee:

1. Enhance and strengthen this Steering Committee to ensure that there is strong representation from all key groups to carry on the discussions and initiatives from the report. Membership of the Steering Committee will be reviewed, with consideration given to adding members representing key stakeholders.

2. Work with SAHO to determine timing of next meeting which should include an update on the *Joint Job Evaluation Project in Saskatchewan* and an overview of the work being done regarding casualization.

3. Communicate the results of the study to the various stakeholder groups, including the Aboriginal community, unions and employers.

4. There are currently discussions being held by a sub-committee of the SAHO sector partnership about project L.I.N.C. (Ladders in Nursing Careers). Ensure that this Steering Committee has representation on that sub-committee.

5. Recently completed reports have indicated that there is an enhanced role for in-home personal care providers. Disabled individuals may receive subsidies to have a full time caregiver available. Investigate the implications of this information.

6. Include the job descriptions currently being developed by SAHO as part of this report, when completed.

Appendix A: Typical Job Descriptions for Special Care Attendant, Home Health Aide, and Home Health Aide II

Special Care Attendant - Typical Job Description

Summary of Duties

Under the supervision of the Director of Care or designated supervisor, the Special Care Attendant attends to the personal care needs of the resident, assists residents with Ambulation, Lifts and Transfers; ensures that residents receive adequate nutrition; ensures proper documentation on the provision of care; maintains the cleanliness of the facility; ensures personal educational needs are met and performs general duties which includes answering telephones.

Qualifications

Graduate of the (S.I.A.S.T.) Special Care Aide Course or equivalent
Ability to read and write English and understand verbal and written instructions
Physically fit and able to perform duties as outlined
Demonstrate empathy, concern and interest in providing quality care for residents
Understand the philosophy of special care

Example Duties

Attends to personal care needs of the residents by:

- Assisting residents with personal hygiene as needed, such as bathing, toileting, shaving, dressing, caring for hair, teeth, nails, and skin;
- Assisting residents with the giving and removing of bedpans and urinals;
- Providing care and cleaning of incontinent residents;
- Providing catheter care and management as directed;
- Obtaining routine urine samples as directed;
- Administering non-prescription suppositories when directed;
- Taking, recording and reporting vital signs (T.P.R.);
- Administering enemas as required;
- Recording intake and output;
- Performing diabetic urine tests;
- Being aware of infection control, isolation, and protective techniques;
- Weighing residents as required;
- Administering medications and performing treatments as directed;
- Providing or assisting in applying comfort safety devices such as foot boards and side rails;
- Responding to resident call bells, and when necessary, referring messages to supervisor;
- Assisting residents in meeting their social, spiritual, and recreational needs;
- Assisting with reality orientation program as required;
- Assisting with activity program as required;
- Making and changing beds;
- Disposing of soiled linen;
- Distributing linen and/or resident clothing to resident's rooms;

Ensuring proper care and identification of resident's personal effects and reporting to supervisor any needs identified; and
Filling steam kettles and humidifiers.

Assists residents with Ambulation, Lifts and Transfers by:
Safely using ambulifts, hoyer lifts or other designated equipment for transfer of residents;
Assisting residents with ambulation or transportation to and from bathrooms and other areas of the Home;
Accompanying residents to hospital with supervisor;
Positioning, lifting, turning and assisting with the ambulation of residents;
Lifting, transferring and positioning residents to provide and maintain good body alignment and comfort; and
Encouraging and assisting with resident mobility.

Ensures residents receive adequate nutrition by:
Distributing meal trays and nourishment;
Assisting with meals and feeding residents when necessary;
Knowing and adhering to special dietary needs of residents as prescribed; and
Providing nourishment and refreshments, observing amounts and encouraging fluid intake.

Ensures proper documentation on the provision of care by:
Reporting apparent changes in resident's condition to supervisor;
In accordance with regulations, policies and procedures of the facility, recording accurately in resident health records personal care given and observations made; and
Maintaining confidentiality of information contained in resident records and all knowledge concerning the resident.

Maintains cleanliness of the facility by:
Maintaining cleanliness of resident unit i.e. bed, lockers, bedpans, urinals, etc.;
Maintaining cleanliness of nursing station, service room areas and equipment; and
Maintaining cleanliness and good repair of wheelchairs and other equipment.

Ensures personal educational needs are met by:
Attending staff development programs in order to increase personal knowledge and abilities;
Participating in fire drills; and
Obtaining knowledge of fire and disaster procedures.

Performs general duties which include answering telephones by:

Being alert for potential health and safety hazards to residents and reporting observations to supervisor; and

Answering phones courteously and recording messages accurately if supervisor is not available.

Home Health Aide - Typical Job Description

Position Summary

Reporting to the Client Services Manager, the Home Health Aide uses her skill in household management, personal care, nutritional management, family management, and teaching to effectively assist clients of the program to attain their optimum level of independent functioning in the activities of daily living.

Critical Factors:

1. Household Management Skills

Provides regular and/or seasonal household duties as outlined on the care plan to promote the client's independence in maintaining their own home.

Standard:

discusses initial client care with the supervisor

uses an effective work plan to complete the household duties as agreed upon by the client; home health aide and supervisor

respects the client's wishes in completion of household tasks

able to improvise and adapt methods while maintaining safety in a client's home.

2. Personal Care Skills

Performs personal care activities; assists with mobility, transfers and Range of Motion exercises that the client requires and as demonstrated/supervised by a home care nurse or therapist.

Standard:

demonstrates competence in aspects of personal care

3. Nutritional Management Skills

Demonstrates the ability to determine the basic nutritional status of a client and is able to develop simple meal plans to meet the client's needs

Purchases food supplies in accordance with client's diet, preferences and budget when the client is unable

Plans and prepares meals according to client's diet and Canada's Food Guide

Standard:

exhibits awareness of client's dietary habits as it pertains to his/her overall health.

4. Family Management Skills

Exhibits the skills necessary to maintain the family unit including emergency child care, respite care, and support of the terminally ill.

Standard:

shows flexibility and assertiveness in meeting the needs of a client and/or family to satisfy the established goals of the care plan.

5. Teaching Skills

Encourages independence of the client by teaching either the client or their family methods of self care.

Standard:

identifies areas where client teaching is required and either provides the appropriate teaching or refers client to other resources.

6. Continuing Education

Keeps knowledge current through attendance at training programs and available workshops

Standard:

attends workshops and training programs as offered

shows an ability to learn and adapt to new ideas and information

Home Health Aide II - Typical Job Description

Position Summary:

Reporting to the Director of Home Services, the position will provide personal care attendant and Home Management services required by clients as outlined in the client care plan and directed by the Director of Home Services.

General Responsibilities:

- Health surveillance and supportive care
- To maintain and promote independence of the client in performing their personal care, assisting when necessary and directed
- To provide personal care for clients who cannot perform the required tasks for themselves
- To guide, teach and encourage independence in activities of daily living and home management, assisting when necessary and directed
- To guide, teach and encourage the client who needs help in learning or re-learning the skills required for personal care
- To function as a member of the care team which has as its objective, comprehensive client care and the promotion of independence

Responsibilities to Supervisors:

- Adhere to policies, standards and procedures of the Home Care program
- Take direction from the Director of Home Services regarding placement and specific duties with the client
- Report to the Director of Home Services any change in the client's condition, or concerns regarding the current service
- Notify the Director of Home Services regarding any requests for schedule changes due to client requests or to illness, holidays or need for personal time off
- Submit reports as requested by the Assessor/Care Coordinators concerning the client's condition and services delivered
- Immediately report all problems encountered in meeting client careplan goals
- Report all suspicions of abuse to Director of Home Services

Responsibility to Client:

- Provide services to the clients in a professional manner and maintain confidentiality of client information at all times.
- Personal care duties:
    - Assist clients with sponge baths
    - Assist clients with bathing in a shower or tub
    - Perform complete bed baths when required
    - Assist clients with good skin care to prevent pressure sores, reporting any developing skin problems to supervisor
    - Assist with the care of the mouth including denture care
    - Assist the client with toileting functions using bed pan, commode, or urinal
    - Washing of hair, setting and shaving
    - Assist client with the application of makeup
    - Assist client with dressing and jewelry

  - Assist positioning of the client in the bed or wheelchair
  - Assist with transferring from and to wheelchair
  - Change and make occupied bed
  - Feed or assist with feeding client
  - Assist client with walking, promoting the use of aids where indicated
  - Assist and encourage client with prescribed exercises
  - Assist clients in following prescribed medicinal regiments including special diets reminding clients as required that they must be responsible for their own health by the self-administration of medication
  - Assist clients with the use of prosthesis
- Provide Home Management duties such as:
  - Meal preparation, for the day or for future days
  - Menu planning and budgeting
  - Grocery shopping and errands at the direction or approval of the Director of Home Services
  - Vacuuming carpets, floors and furniture
  - Wash floors, accessible baseboard, spot-clean walls
  - Dust furniture, picture frames and light fixtures within reach
  - Clean bathroom including fixtures
  - Clean all surfaces in kitchen
  - Clean inside oven, stove tops, and inside refrigerators
  - Defrost refrigerator and deepfreeze when necessary
  - Implement, with direction and supervision of a Registered Nurse, a written guideline specific to the client, for such nursing-related tasks assessed as suitable for assignment to Home Health Aides
  - Maintain concurrent client related documentation of observation of client conditions and care provided as directed and as necessary
  - Remove, wash and re-hang curtains
  - Wash and iron clothes
  - Light mending
  - Collect and take out garbage
  - Light balcony cleaning
  - Other home management duties as identified by the Assessors and directed by the Director of Home Services
  - Perform attendant duties as directed and required for clients who cannot be left alone by offering supervision, emotional and physical support to the client and/or children of the client.
  - Supervise or assist clients with basic physical needs such as going to the bathroom, eating, basic grooming and exercise
  - Provide emotional support, acceptance and companionship to clients
  - Supervise and provide care to children of clients
  - Guide client in the safe and proper use of aids to daily living

The above statements reflect the general details considered necessary to describe the principal functions of the job and shall not be construed as a detailed description of all work assignments that may be inherent in fulfilling the responsibilities of the position.

Qualifications, Skills, and Abilities Required:

Skills gained through experience in the attendance of people in the home or institution, and in home management are desired

Ability and willingness to work independently and adapt to changing and varying circumstances

Ability to judge when duties being performed are creating unnecessary dependency and are counterproductive to the maintenance of the client's independence

Completion of a recognized training program that meets the Home Care requirements outlined in the Kelsey Homemaker Training Program

Must be willing to participate in an orientation program and specific training programs required and provided by Home Care

Must be willing to work evenings, nights, weekends as required

Must have a valid Saskatchewan drivers license

Appendix B: Additional Detail for Key Challenges Identified by Front-Line Health Providers and Supervisors

The following provides additional information regarding key challenges as outlined by front-line health providers and supervisors in the *Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System* by Allen Backman (September 2000):

Front-line managers expressed frustration with having to cover shifts when casual replacements are not available, and casual staff expressed frustration with being called into work repeatedly and with "getting in trouble" when they refused the work.

Some of the physical buildings they work in, as well as physical equipment they work with, are deteriorating.

There was a common consensus that there are not enough permanent or full-time positions in the system to be able to attract people.

Concern over rumours regarding districts amalgamating and long term care facilities closing were expressed. The concern regarding more change is heightened in rural districts.

Concerns regarding the work environment were raised. For example, some felt there was an atmosphere of confrontation, especially since the strikes in 1999.

Concerns by providers were also raised over the lack of on-site management and the numerous changes in district managers. As well, it was stated that communication between districts needed improving in order to "ensure a seamless integration of care for patients either going to larger centres or returning home".

Other people expressed concerns for patient care as districts have replaced staff with less skilled workers. For example, some RNs or LPNs have been replaced with aides in long term care facilities.

There was concern regarding the lack of a team atmosphere or team support in the workplace.

Concern regarding the pay and benefit differences between the health districts within the province and between the mainly western provinces was raised.

Frustration regarding unrealistic public expectations regarding the health care system were expressed.

To address recruitment challenges in general, "individual health districts need a strategic recruitment plan that is a part of a provincial plan for recruitment for Saskatchewan". For example, health districts need to offer job security, provide incentives such as moving expenses or signing bonuses, and demonstrate opportunities for career development.

To address issues of retention and job satisfaction, "health districts need to show employees they are valued, they need to treat them with respect and they need to treat them like professionals". For example, job security and employee workplace concerns need to be addressed by districts. As well, any retention strategies need to be tailored to the life-cycle stage of health care providers as the desire to work casual, part-time or full-time is often linked to the individual's needs, family-work balance and career stage.

Appendix C: Definitions and Calculations Used in Summary Data Tables from the *2000 Saskatchewan Health Employer Survey Report*

The following definitions were used in the *2000 Saskatchewan Health Employer Survey Report* and apply to the tables:

Full-Time Equivalents (FTE's):
Includes all employees' working hours totalling 1,948 hours or more per year or 37.5 hours per week. All Total Hours reported by employers are converted to FTEs by dividing by 1,948 hours per year. Consequently, FTEs include hours worked by casual employees. (This definition is currently the most used definition of full-time work within the province and provides a consistent comparison basis with previous survey reports). Health service FTEs are derived from total hours reported within each district where the work is done. FTEs are not limited to services provided only for residents within the health district; and health service employees do not necessarily reside in the health district where they work.

Part-Time:
Includes all employees working regularly scheduled hours totalling less than 1,948 hours per year or less than 37.5 hours per week, and is generally assumed to average about half-time, or 18.75 hours/week.

Casual:
Includes all employees not working regularly scheduled hours or working on a non-permanent relief basis. Casual work is included in the Total Hours reported by survey respondents.

Vacancies:
Include positions for which personnel were actively being recruited during the 2000 calendar year.

Turnovers:
Include staff who ceased employment during the 2000 calendar year. This includes resignations, retirements and terminations.

Total Hours:
Overall number of hours staff in each selected profession worked in the calendar year ending December 31, 2000.

Calculations used in the summary tables in the *2000 Saskatchewan Health Employer Survey Report* are as follows:

Full-Time Equivalents (FTE's):
Total Hours worked divided by 1,948 hours (the number of hours one full-time permanent employee works in a given year).

Total Vacancies:
Number of full-time vacancies plus the number of part-time vacancies. Casual employees are not included in this count. By definition, there are no permanent positions for casual staff.

Total Turnovers:
Number of full-time turnovers plus the number of part-time turnovers. By definition, there are no permanent casual positions to be turned over or replaced.

Vacancy Rate:

$$\frac{\text{Number of Vacancies}}{\text{Full-and part-time positions plus vacancies}} \times 100$$

Turnover Rate:

$$\frac{\text{Number of Turnovers}}{\text{Full-and part-time positions plus vacancies}} \times 100$$

Overall Vacancy Rate:

$$\frac{\text{Total Number of Vacancies for all Occupations}}{\text{Total Number of full-and part-time positions plus vacancies for all occupations}} \times 100$$

Overall Turnover Rate:

$$\frac{\text{Total Number of Turnovers for all Occupations}}{\text{Total Number of full-and part-time positions plus vacancies for all occupations}} \times 100$$

Appendix D: Program Equivalency Status Summary - Saskatchewan

PROVINCE/SITE	PROGRAM	EQ. YR	REV. YR	EQUIVALENT STATUS		
				HC/ SCA	SCA	HCA
SASKATCHEWAN						
Saskatchewan Indian Institute of Technologies (SIIT)	Home Health Aide/Long-Term Care Aide	2001	2004	Yes	Yes	Yes
Saskatoon Business College	Personal Care Aide	1999-2000		No	No	No
SIAST – Saskatoon	Home Care Service Worker Program (Visiting Homemaker)	1980 & on		No	No	No
Lokken Associates	Personal Health Care Worker Program	1999		No	No	No
SIAST and University of Saskatchewan	NEPS Yr 1 semesters 1 & 2 Yr 2 semester 1	1999		Yes	Yes	Yes
	LPN (registered or unregistered) RN (registered or unregistered)	1999		No	Yes	No

Source: SIAST

Appendix E: Validated Program Task Listings for the SIAST Home Care/Special Care Aide Program

Validated Program Task Listing Details:

Provides Client Care
A1: Cares for infants
A2: Cares for children
A3: Cares for adolescents
A4: Cares for adults
A5: Cares for the elderly
A6: Promotes client independence
A7: Uses client care plan
A8: Uses personal work plan
A9: Obtains client baseline information
A10: Observes changes in client status
A11: Works with client's family
A12: Promotes client's leisure activities

B. Maintains a safe/clean environment
B1: Applies general environmental safety measures
B2: Handles hazardous waste materials (WHMIS)
B3: Applies P.A.R.T. guidelines
B4: Provides CPR and First Aid
B5: Practices medial asepsis
B6: Uses and stores cleaning agents
B7: Cares for floor coverings
B8: Performs daily kitchen cleaning
B9: Provides refrigerator and stove care
B10: Performs daily bathroom cleaning
B11: Cleans bedpans, urinals and commodes
B12: Performs daily bedroom cleaning
B13: Sorts clothes for laundering
B14: Performs laundry tasks
B15: Practices universal precautions

Applies communication skills
C1: Demonstrates effective verbal and non-verbal communication
C2: Resolves conflicts
C3: Uses telephone system
C4: Provides client teaching
C5: Provides oral reports
C6: Provides written reports

Provides personal hygiene

D1: Provides bedbath
D2: Provides tubbath
D3: Provides oral hygiene
D4: Provides client grooming
D5: Provides perineal care
D6: Provides nail and foot care
D7: Provides skin care
D8: Provides bowel care
D9: Provides bladder care
D10: Measure urine output
D11: Assists client with bedpan, urinal and commode
D12: Maintains ostomy and ostomy appliance
D13: Makes occupied bed
D14: Makes unoccupied bed
D15: Cleans bath equipment
D16: Identifies different types of bath equipment

Provides for nutritional needs

E1: Practices food safety
E2: Plans menus
E3: Prepares meals
E4: Prepares clients for meal
E5: Assists client to follow special care
E6: Assists client to eat
E7: Serves meals
E8: Promotes fluid intake

Facilitates client position and mobility

F1: Assists client to assume lying positions
F2: Assists client to sit
F3: Performs active and passive range of motion exercises
F4: Performs sliding transfer
F5: Assists clients to stand
F6: Performs one-person standing pivot-transfer
F7: Uses lifting devices
F8: Assists client to use cane
F9: Assists client to use walker
F10: Operates wheelchairs
F11: Identifies unsafe equipment
F12: Assists client with personal aid appliances
F13: Assesses client's mobility status
F14: Uses positioning aides

Performs treatments

G1: Adheres to oxygen therapy
G2: Takes temperature
G3: Takes radial pulse
G4: Takes respirations
G5: Takes weight
G6: Follows principles of heat and cold applications
G7: Applies anti-embolic stockings
G8: Collects specimens

Provides care for clients with special needs

H1: Cares for visually impaired client
H2: Cares for hearing impaired client
H3: Cares for client with speech impairment
H4: Cares for cognitively impaired client
H5: Cares for client exhibiting problematic behaviour
H6: Cares for client with respiratory problems
H7: Cares for client with cardiovascular problems
H8: Cares for client with musculoskeletal problems
H9: Cares for client with neurological problems
H10: Cares for client with diabetes
H11: Cares for client with cancer
H12: Cares for client with infectious diseases
H13: Cares for client with intellectual disabilities
H14: Cares for client with mental illness
H15: Cares for client with alcohol/drug dependency
H16: Cares for the dying client
H17: Cares for client with swallowing difficulties
H18: Cares for client with pain

Demonstrates professional performance

I1: Maintains own health
I2: Performs handwashing
I3: Practices body mechanics
I4: Promotes client privacy
I5: Follows lines of communication
I6: Works as a team member
I7: Works within job description
I8: Maintains confidentiality
I9: Maintains dress/grooming code
I10: Handles stress
I11: Uses problem solving techniques
I12: Demonstrates responsibility and adaptability
I13: Respects cultural diversity
I14: Recognizes employee rights and responsibilities in the workplace
I15: Practices ethical behaviour

I16: Recognizes abuse
I17: Practices lifelong learning

** All of the above information is directly from the SIAST Report of the Curriculum Validation of the Home Care/Special Care Aide Program.*

Appendix F: Program Equivalency Status Summary – Western Provinces

PROVINCE/SITE	PROGRAM	EQ. YR	REV. YR	EQUIVALENT STATUS		
				HC/ SCA	SCA	HCA
BRITISH COLUMBIA						
Selkirk College BC	Home Support Worker Upgrading (120 hour upgrading only)	1986		No	No	No
University College of the Fraser Valley	Homemaker/ Long Term Care (16 week program)	1991		No	No	No
Malasapina University College, Nanaimo	Continuing Care Attendant Program	1991		No	No	No
Community Professional Medical Careers Ltd., Vancouver	Long Term Care Aide	1993		No	No	No
Camosun College, Victoria	Home Support/Resident Care Attendant	1994	2000-2001	IPA	IPA	IPA
Camosun College, Victoria	Resident Care Attendant	1995		IPA	IPA	IPA
Kamloops	Social Service Worker	1994		No	No	No
Family Resource Institute, Vancouver	Certified Long Term Care Aide	1995		No	No	No
Surrey, BC	Health Care Aide (120 hour program)	1995		No	No	No
Spratt Shaw College, Vancouver	Resident Care Attendant or Long Term Care Aide	1996		No	No	No

PROVINCE/SITE	PROGRAM	EQ. YR	REV. YR	EQUIVALENT STATUS		
				HC/ SCA	SCA	HCA
BRITISH COLUMBIA CONT'D						
Vancouver Community College	Home Support/Resident Care Attendant	1992	1999-2001	IPA	IPA	IPA
	Home Support		1999-2001	No	No	Yes
	Resident Care Attendant		1999-2001	No	Yes	No
ALBERTA						
Alberta Vocational, Edmonton	Personal Care Aide (Inservice Training Only)	1987/ 1988		No	No	No
Columbia College, Calgary	Personal Care Aide	1997		No	No	No
Alberta Vocational	Personal Support Aide (core program only)	1999		No	No	No
Grant MacEwan Community College, Edmonton	GERO 0101 Caring for Older Persons	1999		No	No	No
Medicine Hat	Home Care Aide	1999-2000		No	No	No
Norquest College (formerly AVC), Edmonton	Personal Support Aide (combined Personal Care Aide & Inservice)	2000		IPA	IPA	IPA

PROVINCE/SITE	PROGRAM	EQ. YR	REV. YR	EQUIVALENT STATUS		
				HC/SCA	SCA	HCA
MANITOBA						
Red River College, Winnipeg	Health Care Aide	1983		No	No	No
	Home Care Attendant	1986				
Red River College, Winnipeg/ Brandon	Comprehensive Health Care Aide	1996	2001	IPA	IPA	IPA
Keewaitin College, The Pas	Health Care Assistant	1996-1997	1999	No		No
Assiniboine Community College	Comprehensive Health Care Aide/Home Care Helper		2001	No	No	No

Source: SIAST

** IPA (Interprovincial Articulation Member)*

APPENDIX G: Out-of-Province Training Providers

In total, nine training providers were interviewed by telephone between November 29 and December 14, 2001. Of this nine, two were Saskatchewan training providers and the remainder were from other Western Canadian provinces. The results of the seven out-of-province training provider surveys are provided in this Appendix.

Training Programs

The training providers were asked to list the Home Care Aide, Special Care Aide, and Dual Certificate type programs their institution offers. The following are their responses:

Home Care Aide Type Program	Special Care Aide Type Program	Dual Certificate Type Program
Personal Care Practitioner	Long Term Care Aide Certificate	RCA/HSA Program Certificate
Part of RCA/HSA Certificate	Part of RCA/HSA Certificate	Health Care Aide
Personal Care Attendant	Geriatric Nursing Attendant Diploma	Home Support/Residential Home Care Program
Community Care Aide	Personal Support Aide	Personal Care Attendant

The respondents were asked to list what job titles they usually use for Home Care Aides and Special Care Aides. The responses were as follows:

Home Care Aides:

- Personal Care Attendant (2)
- Home Care Aide
- Home Support Attendant
- Community Care Aide
- Home Support Worker Aide
- Community Health Aide/Worker

Special Care Aides:

- Residential Care Attendant (2)
- Special Care Aide
- Long Term Care Aide
- Geriatric Nursing Attendant
- Personal Support Aide
- Personal Care Aide Attendant
- Personal Care Attendant

The respondents were asked to provide a brief description of the job responsibilities their training programs prepare students for. The following are the verbatim responses of the training providers:

Home Care Aides:

Direct care in home settings excluding medication delivery.

Responsible for meals, prescription drugs, starting oxygen tanks. Must be delegated by an RN. Must have re-certified basic personal care skills. Task II skills for each client.

Giving all care under a nursing attendant – bedside care, dressing, feeding, some nursing responsibilities, prepping for colostomy.

In-home assistance to help aging people remain in their homes as long as possible.

Personal care, home management, delegated nursing care.

Work with people in community under RN – then go into homes and provide Personal Care – house cleaning and meal preparation. This is now stopping – mainly personal care.

Bathing, dressing, feeding, transfers, activities, etc.

Special Care Aides:

Direct care in institutional settings.

Acute Care. Work under the direction of an RN in a hospital setting. May be a Medical, Surgical, Palliative and possible Pediatric unit. Provides personal care such as bathing, hygiene care or ambulating post operative patients, people post stroke or those undergoing tests. Also portering, bedmaking, environment care, sitting with confused patients.

Bowel care, catheters, eyedrops, no meds.

Understand medical conditions, seniors' issues, can assist situation of a patient (e.g. heart), also regular personal care, pay attention to seniors and keep them functional instead of just handling them.

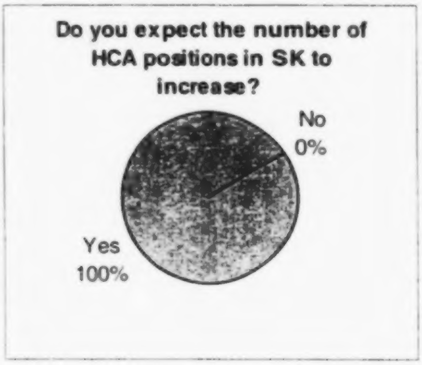
All types of personal care – bathing, dressing, feeding, etc. for residents in a long-term care facility.

Personal care, assigned nursing tasks (e.g. documentation skills).

Lifts, ambulate, feed, one to one in areas not in area e.g. psychiatric area – intermediate or extended care.

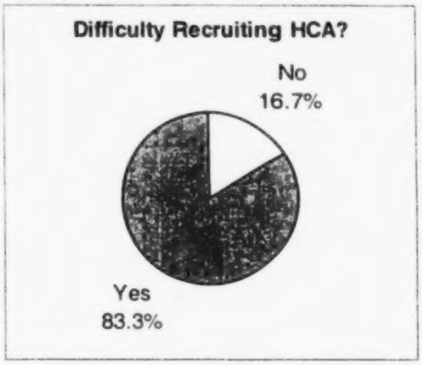
Job Overview of Home Care Aides

The respondents were asked whether they expect the number of full-time, part-time and casual Home Care Aide positions in the Saskatchewan industry to increase, decrease or stay the same in the next 5 years. Four respondents expect the number to increase for all types of positions while three respondents did not respond.



Recruitment

When asked whether they feel it is difficult for organizations to recruit qualified Home Care Aides, the majority (5 out of 6 respondents) responded that it is difficult.



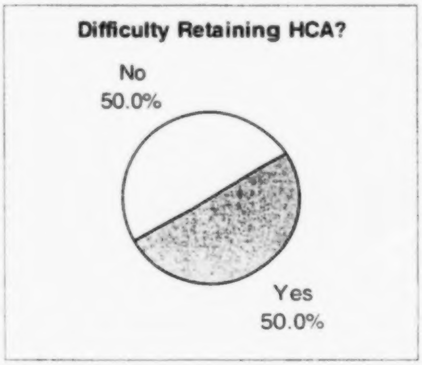
Those who indicated it is difficult feel it is most difficult to recruit casual employees, followed by part-time and then full-time. Some of the reasons provided for their responses include:

Full-time work is desired but many cannot provide full-time positions.
A wage discrepancy exists between Home and Facility programs.
The hours are inconsistent and sporadic making it difficult for many people, such as single parents.
"It's a challenge – only 10% of grads get a job."

When asked what could be done to overcome these recruiting difficulties, respondents provided a variety of solutions including increasing the number of full-time positions, increasing wages, guaranteeing hours, improving the image and working conditions, and job sharing.

Retention

The six out-of-province training providers who responded were equally split as to whether they felt it was difficult for organizations to retain qualified Home Care Aides.



Of those respondents, 3 felt that it was more difficult to retain casual employees and 2 felt it was more difficult to retain both part-time employees. The main comments regarding why it is difficult to retain employees is that people are seeking full-time work.

When asked what could be done to overcome these retaining difficulties, comments included increase the number of full-time and part-time positions and reduce the number of casual employees (or regularize some of the staff), better working environment and conditions, guaranteeing hours, wage increases, and ensure a good client to caregiver ratio.

Job Concerns

The top job related concerns out-of-province respondents thought Home Care Aides have include:

Wages
Hours of work/scheduling
Personal safety (going into people's homes/environment/neighbourhoods by themselves)
Working alone/isolation
Lack of experience
Heavy workload/burnout
Job security

Job Satisfaction

When asked to rate in general how satisfied they feel full-time, part-time and casual Home Care Aides in Saskatchewan are with their job, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied, five of six respondents provided a rating of 3 out of 5 for full-time Home Care Aides. One respondent thought full-time Home Care Aides were very satisfied, providing a rating of 5 out of 5. The average rating for full-time Home Care Aides by out-of-province respondents was 3.33.

One of six respondents thought part-time Home Care Aides were satisfied with their jobs (rating of 4 out of 5). However, the remaining five respondents provided a rating of 3 out of 5. The average rating for part-time Home Care Aides by out-of-province respondents was 3.17.

The majority of respondents (5 out of 6) provided a rating of 3 out of 5 for casual Home Care Aides. One respondent provided a rating of 4 out of 5. The average rating for casual Home Care Aides by out-of-province respondents was 3.17.

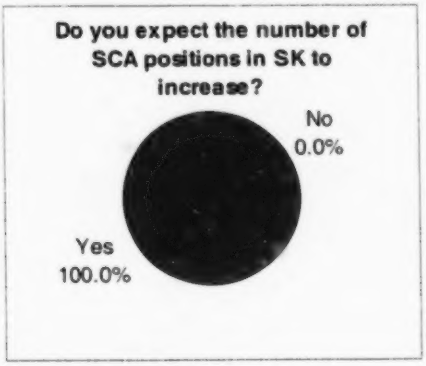
When asked to rate how satisfied they feel full-time, part-time and casual Home Care Aides in Saskatchewan are with the extent to which their skills are being utilized, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied, only one of six respondents felt that full-time Home Care Aides were either satisfied or very satisfied with the extent to which their skills are being utilized. Four respondents provided a neutral rating (3 out of 5) and one respondent provided a rating of 2 out of 5. This latter respondent stated "scope of practice" as the reason for this rating. The average rating for full-time Home Care Aides by out-of-province respondents was 3.17. Identical ratings were provided for part-time Home Care Aides, with a resulting average rank of 3.17.

None of the six out-of-province respondents felt that the casual Home Care Aides were either satisfied or very satisfied with the extent to which their skills are being utilized. Five of six respondents provided a rating of 3 out of 5, and one respondent provided a rating of 2 out of 5.

This latter respondent stated "not enough hours to practice their skills" as the reason for this rating. The average rating for casual Home Care Aides by out-of-province respondents was 2.83.

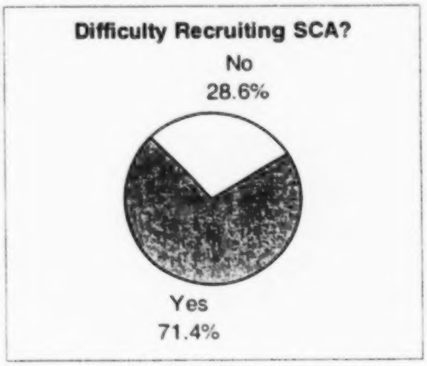
Job Overview of Special Care Aides

The respondents were then asked whether they expect the number of full-time, part-time and casual Special Care Aide positions in the Saskatchewan industry to increase, decrease or stay the same in the next 5 years. Five respondents expect the number to increase for all types of positions, while two respondents did not answer.



Recruitment

When asked whether they feel it is difficult for organizations to recruit qualified Special Care Aides, the majority (5 out of 7 respondents) responded "yes" to the question.



Those who indicated it is difficult feel it is most difficult to recruit casual employees, followed by part-time and then full-time positions. Reasons stated for their responses include:

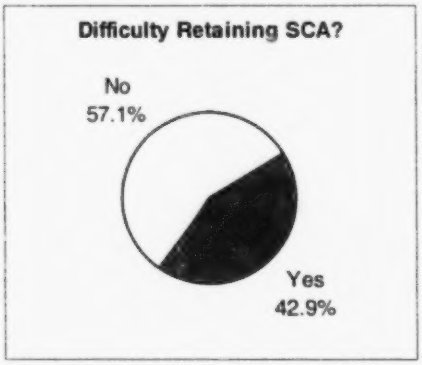
"Because of lack of hours for casuals they tend to go to other facilities."

Wages and image are issues.

When asked what could be done to overcome these recruiting difficulties, a variety of responses were provided including increasing wages, guaranteeing hours, "building the profession itself," decreasing tuition costs through government support/funding, and "Saskatchewan Health should focus on the needs of workers and residents." One respondent stated it will likely not be possible to overcome recruiting difficulties within current health care budgets.

Retention

Four of the seven respondents felt it was not difficult for organizations to retain qualified Special Care Aides. Of those respondents who did feel it was difficult, all felt that it was more difficult to retain casual employees while two also indicated it was difficult to retain part-time employees.



Responses provided for the difficulty in retaining employees include people want full-time work/guaranteed hours and it is "frustrating to be on call all the time." When asked what could be done to overcome these retaining difficulties, the main comment was guaranteeing more hours.

Job Concerns

The top job related concerns respondents thought Special Care Aides have included casualization, wages, hours available, cost of training, job security, heavy workloads, travel benefits, and personal safety of workers.

Job Satisfaction

When asked to rate in general how satisfied they feel full-time, part-time and casual Special Care Aides in Saskatchewan are with their job, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied, five of six respondents provided a rating of 3 out of 5 for full-time Special Care Aides. The remaining respondent thought full-time Special Care Aides were very satisfied (5 out of 5). The average rating for full-time Special Care Aides by out-of-province training providers was 3.33. Identical ratings were provided for part-time Special Care Aides, resulting in an average rating of 3.33. For casual Special Care Aides, all six respondents provided a rating of 3 out of 5 (neutral rating). One respondent did not provide a response.

When asked to rate in general how satisfied they feel full-time, part-time and casual Special Care Aides in Saskatchewan are with the extent to which their skills are being utilized, using a scale of 1 to 5, with 1 being not at all satisfied, 3 being neutral, and 5 being very satisfied, one respondent felt that full-time Special Care Aides were very satisfied (5 out of 5) with the extent to which their skills are being utilized. The remaining five respondents provided a neutral rating (3 out of 5). The average rating for full-time Special Care Aides was 3.33. Identical ratings were provided for part-time Special Care Aides, resulting in an average rating of 3.33. For casual Special Care Aides, all six respondents provided a rating of 3 out of 5 (neutral rating). One respondent did not provide a response.

Skills and Training

The respondents were asked to provide, in their opinion, the top five knowledge areas required for Home Care Aides. The responses mentioned the most included communication, dementia, personal care, compassion/empathy/caring attitude, ability to function independently, ability to understand illness and symptoms/cognitive impairment/client observation of signs and symptoms and any changes, interpersonal relationships and communication with co-workers/supervisors, nutrition, competence (physical and emotional care), and how to prioritize/time management.

The respondents were then asked to provide, in their opinion, the top five knowledge areas required for Special Care Aides. The responses mentioned the most often were similar to those for the Home Care Aide and included dementia, personal care, communication, compassion/empathy/caring attitude, interpersonal relationships and skills/communication with co-workers/supervisors, ability to function independently, ability to understand illness and symptoms/cognitive impairment/client observation of signs and symptoms and any changes, competence (physical and emotional care), how to react to emergencies and unusual situations/adaptability, infection control, and being a team worker.

The respondents were asked to state, from their perspective, the minimum education and experience qualifications required when hiring Home Care Aides and Special Care Aides. There were variations in the responses provided as indicated below:

Home Care Aides:

Education: Certificate only was mentioned the most often. Other responses included Home Health Care Certificate; Certificate and Grade 10; and Personal Care Education at a minimum.

Experience: None required; practicum; adequate with certification; and "when they come out of the program, they will have enough experience for entry level."

Special Care Aides:

Education: Certificate only was mentioned the most often. Other responses included Grade 12 plus training program/Certificate; English 10; and specialized training (Special Personal Care).

Experience: Practicum; adequate with certification; and "dedication/compassion."

When asked to list all the Home Care/Special Care Aide pre-employment and on-the-job training programs that they are aware of that are currently offered in Saskatchewan and outside of Saskatchewan, the listings and comments provided were as follows:

Saskatchewan Programs

SIAST Home Care/Special Care Aide – Certificate/Pre-employment/On-the-job program was listed by five respondents. Comments included that it is "fairly costly but an excellent program of approximately 1 year."

Other programs listed included Saskatoon Business College – Certificate/Pre-employment

Out of Province Programs

NorQuest College – Certificate/On-the-job was mentioned by two respondents. One comment included "greater depth than pre-service. Length is approximately 1 year."

Other programs listed included:

Grant MacEwan – Certificate where there is a "one-time special certification for finishing partly completed modules."

Lakeland College Community Care Aide and Personal Support Aide – Certificate programs.

Consortium of providers – Northern Lakes College, Norquest College, Bow Valley, Red Deer, Lethbridge Community College, Grant McEwen – Family Support Worker – Pre-employment.

Educational Workshops: Interagency Committee under Calgary Health Region – Certificate/On-the-job. A comment included that they "provide caregivers a chance to recount experiences and learn things about disease process, etc."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being very difficult, 3 being neutral, and 5 being not difficult at all, in general, how difficult it would be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs, such as the LPN or RPN/RN. Three of the seven respondents provided a rating of either 1 or 2 out of 5 indicating it is difficult/very difficult to use the certificate to ladder or transfer into other programs. The remaining four respondents provided a rating of 3 out of 5 indicating neutrality. The average rating was 2.29.

Of those respondents who thought it was difficult/very difficult to use the certificate to ladder or transfer into other programs, reasons for their rating included they "must start from scratch," "we have been trying to arrange for a laddering program for personal support aides for quite a while," and "they are just not using them properly."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being not adequately recognizes, 3 being neutral, and 5 being fully recognizes, in their opinion, how well existing Saskatchewan Home Care/Special Care Aide training programs recognize prior learning and experience, also referred to as PLAR. Of the six respondents (one response was missing), five provided a rating of 3 out of 5 and one provided a rating of 1 out of 5. The latter respondent indicated the reason for this rating included that credit is not recognized. Another respondent was unsure what Saskatchewan does in this area. The average rating by out-of-province providers was 2.67.

The respondents were asked, in their opinion, if there are any barriers for a student applying for PLAR in Saskatchewan. Of three respondents (four responses were missing), one said yes and the remaining two said no. The explanations for the "yes" response included that PLAR is "not set up or recognized in this field -it is however set up for RNs or LPNs." The other respondents were unsure about Saskatchewan regulations regarding PLAR or PLAR was not available.

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being not adequately recognizes, 3 being neutral, and 5 being fully recognizes, in their opinion, how well existing non-Saskatchewan Home Care/Special Care Aide training programs recognize prior learning and experience, or PLAR. Of the seven respondents, five provided a rating of 3 out of 5 and two provided a rating of 4 out of 5. The average rating by out-of-province training providers was 3.29.

The respondents were asked in their opinion if there are any barriers for a student applying for PLAR outside of Saskatchewan. Of the seven respondents, the majority (five respondents) said "yes." The barrier mentioned most often was cost. One respondent stated that due to cost, there are "usually incentives for groups to do these rather than individuals." Other responses were that some institutions do not offer it and there are long waiting lists in Calgary. Other respondents stated that "We have the challenge mechanism in place. Cost is lowering. Can take it in parts. They just don't have the theory." One respondent stated that "I would look at the qualifications of anyone applying for a position."

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being does not meet needs at all, 3 being neutral, and 5 being meets all needs, in their opinion, how well existing Saskatchewan training programs in general for Home Care/Special Care Aides meet the needs of employers. Four of six of the respondents provided a rating of 3 out of 5 and two provided a rating of 4 out of 5. The average rating by out-of-province training providers was 3.33.

The respondents were then asked to provide a rating on a scale of 1 to 5, with 1 being does not meet needs at all, 3 being neutral, and 5 being meets all needs, in their opinion, how well existing non-Saskatchewan training programs in general for Home Care/Special Care Aides meet the needs of employers. The majority (5 out of 7 respondents) stated that non-Saskatchewan training programs meet the needs/meet all the needs of employers. One respondent was neutral (3 out of 5) and the other respondent provided a rating of 2 out of 5. This latter respondent provided that rating because they are "not trained long enough." The average rating was 4.00.

The respondents were asked what they feel are the main barriers for urban, rural, and northern people to obtain Home Care/Special Care Aide training. The main responses provided regarding urban barriers included cost, waiting lists, and access to clinical practicums. One respondent indicated there are "no barriers" for urban people. The main responses provided for rural barriers included access to program and facilities/distance and cost. The main responses provided for northern barriers included access to delivery/distance, cost, and finding an available program/teachers.

The respondents were asked what new skill areas, if any, will be required over the next five years for Home Care Aides. These skill areas, along with the perceived required changes in training, are outlined in the following table:

New Skill Areas	Training Changes
Palliative care knowledge, special needs children Geriatrics More adaptable in new conditions (i.e. diabetes in northern areas) Roles are continuing to evolve Acute illness, chronic conditions Medication administration, catheter, colostomy	More knowledge of anatomy and epidemiology. More skills i.e. suctioning, oxygen, meds with parent on-site. Longer and more specialized training. More specialized training. Respond accordingly by implementing employment requirements. Including acute and chronic so that there is more content in the programs. A lot more time for the programs, more practical.

The respondents were then asked the same question regarding what new skill areas, if any, will be required over the next five years for Special Care Aides. These skill areas, along with the required changes in training, are outlined in the following table:

New Skill Areas	Training Changes
Geriatrics More medication delivery as LPN and RN positions will be few and far between. Medication administration, catheter, colostomy	Longer and more specialized training More medical practicum on medication. A lot more time for the programs, more practical.

When asked if there are any additional needs or niches that could be filled by Home Care/Special Care Aide training programs in general, the following were the verbatim responses:

Handicapped children need to be helped in the school by Special Care Aides not teacher aides. Health care needs to consider this.
No. Maxed out for this program. Once skills are exhausted, a more qualified level takes over.
Compassionate care – not babysitting.
Alberta has expanded our programs to encompass more into programs.
Work in mentally/physically challenged settings.
Not aware of any
Dementia – seems to be large demand for caregivers for people with dementia

Using a scale of 1 to 5, with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, the out of province training providers commented on how difficult it is for Home Care and Special Care Aides to move to or transfer between employers and unions within other provinces. The results were as follows:

Employers Within Other Provinces

Home Care Aides

There were variations between the seven responses regarding Home Care Aides as four respondents provided a rating of 1 or 2 out of 5, and the other three respondents provided a rating of 4 or 5 out of 5. The average rating was 2.43. Some reasons for the respondents providing a rating of 1 or 2 out of 5 included the length of courses differs between Alberta and Saskatchewan so PLAR is a concern, "Saskatchewan only needs to upgrade to get equivalent," and "different provinces have different training programs, whereas people like RNs have a larger standardized licensing body."

Special Care Aides

As with the Home Care Aide responses above, four of the seven respondents provided a rating of 1 or 2 out of 5, and the other three respondents provided a rating of 4 or 5 out of 5. The average rating was 2.43. Reasons for the respondents providing a rating of 1 or 2 out of 5 are the same as for the Home Care Aides listed above.

Unions Within Other Provinces

Home Care Aides

One respondent thought it was difficult for Home Care Aides to transfer between unions within other provinces as a rating of 2 out of 5 was provided. The reason stated for this response was that there is a "lack of portability – so they don't gain anything by moving."_Three of the respondents provided ratings of 3 out of 5 and two respondents provided ratings of 4 out of 5 indicating it is not that difficult for Home Care Aides to transfer between unions within other provinces. The average rating was 3.17.

Special Care Aides

As with the Home Care Aides, one respondent thought it was difficult for Special Care Aides to transfer between unions within other provinces as a rating of 2 out of 5 was provided. The reason stated for this response was the same as for the Home Care Aides - there is a "lack of portability – so they don't gain anything by moving." Three of the other respondents provided ratings of 3 out of 5 and two respondents provided ratings of 4 out of 5 indicating it is not that difficult for Special Care Aides to transfer between unions within other provinces. The average rating was 3.17.

The respondents were then asked in their opinion, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Home Care Aide transfers either to or from Saskatchewan, how difficult is it for the Home Care Aide to get the necessary upgrades if they are missing specific competencies. Two of the seven respondents provided a rating of 4 or 5 out of 5 indicating is not difficult/not difficult at all for the Home Care Aide to get the necessary upgrades. Four respondents were neutral with regards to the difficulty and the remaining respondent provided a rating of 1 out of 5 which indicates that it is very difficult. The latter respondent indicated it is "very difficult, as other provinces do not recognize some courses offered elsewhere." The average rating was 3.14.

The respondents were then asked in their opinion, using a scale of 1 to 5 with 1 being very difficult, 3 being neutral, and 5 being not at all difficult, when a Special Care Aide transfers either to or from Saskatchewan, how difficult is it for the Special Care Aide to get the necessary upgrades if they are missing specific competencies. Two of the seven respondents provided a rating of 4 or 5 out of 5 indicating is not difficult/not difficult at all for the Special Care Aide to get the necessary upgrades. Three respondents were neutral with regards to the difficulty, while the remaining two respondents indicated it was difficult/very difficult. The average rating by out-of-province training providers was 3.00. The two respondents who thought it was difficult/very difficult stated that it is "very difficult, as other provinces do not recognize some courses offered elsewhere" and "depends on the availability of facilities to take practicums required."

When asked whether they feel many Home Care/Special Care Aides continue their education and branch into another occupation, such as an LPN or RPN/RN, the majority of respondents (5 out of 7) stated "no" to this question.

General Industry

When asked what they think are the most pressing general issues facing the Home Care and Special Care industries, the verbatim responses given for both industries were as follows:
Funding and rural care needs
Main issue – qualified compassionate people
Staffing and dollars, cutbacks
Increased workload, no change in pay or status
Increasing workload and demands in terms of knowledge and abilities
Caregiver shortage, costs (specific to Home Care Industry)
Dementia client – rapidly changing acute patients (specific to Home Care Industry)
Dementia patients are staying home longer – more advanced dementia care burdens Special Care when they come in (specific to Special Care Industry)

When asked how they think these issues can be resolved, some responses included through government funding (e.g., for geriatrics and geriatric care), larger health care budget, subsidized training, changing governments, better screening and supervision in the workplace, "more beds and long-term care to take pressure off community, and more resources for families to care for loved ones."

The most pressing general training issues facing the Home Care industry were stated by the respondents as "palliative care, children with special needs, geriatric and compassionate care, knowledge and people have to want to do this, recruitment of students, seeing more people staying at home with acute illness, so more education required, and lack of programs."

The most pressing general training issues facing the Special Care industry were believed to be in the areas of dementia, geriatric and compassionate care, recruitment of students, and "seeing more people staying at home with acute illness so more education" is required.

Verbatim comments regarding how these issues could be resolved include:
Money incentives. Willingness on part of employee and employers like incentives for both parties – paid time.
Specialized schools. Advocacy programs, more awareness in the population.
Education of the profession itself. We are in an economy where dollars are not too abundant.
Pay increase, image upgrade
Needs to be collaboration in government funding agencies – money and training.
Develop new programs.

Respondents were asked to comment on how training providers could work together to standardize training for Home Care/Special Care Aides. The following are the verbatim responses:

In Alberta, educators were meeting by teleconference and talking about offerings and needs. There is also a need for accreditation.

In BC, have Articulation Centre – talk about trends and theory we need to apply. Curriculum is reflected in all colleges so quite standardized in BC. In non-BC colleges it may be otherwise.

Focus on quality of care by looking at better standards and programs.

Align in curriculum

Needs to be licensing organizations for both categories and build from there because the different provinces vary. Articulation meetings might be done in an inter-provincial way.

Inter-agency workshops under Health Regions.

When asked what other groups could be involved in standardizing this training in Saskatchewan and across the western Canadian provinces, the following verbatim responses were provided:

Canada Health and Provincial health bodies.

Employers need to be involved. Also, client groups and educators. Licensed bodies like the Nursing Association should influence what is going on.

Alberta Council on Aging, all organizations related to health, family members have responsibility to be a voice for a loved one. Religious organizations. New initiatives and ways of caring. Also, media to promote quality of care for our seniors/elders.

Hospitals, RNs, LPNs, some levels of government.

Department of Education, Alberta Learning

Departments of Health, Health Care Employee groups, Hospital Employees Association.

Associations like Alzheimers, Parkinsons, MS, could interact to provide support and ideas.

Appendix H: Employer Survey

EMPLOYER SURVEY:

Hello. My name is ____________________ and I am calling from Mercury Information Services on behalf of Saskatchewan Health and Post Secondary Education and Skills Training. ***We are conducting a survey with employers of Home Care/Special Care Aides and are gathering information about a variety of topics including current and future needs, training, and general employee information.*** Could I have 30 minutes of your time to answer some questions? All responses to this questionnaire are voluntary and will be treated as confidential. Do you have a few minutes to speak to me right now? If no, would there be a convenient time that I could call back?

*If yes - time*______________________

If no, end the survey.

Do you employ home care or special care aide type positions in your organization (job titles may differ).

If no, end the survey.

If necessary, contact Linda Thauberger at Mercury Information Services (306-922-6891) for more information regarding the survey.

Section One: Organization Information

1. Which best describes your organization:
    - _____ home care
    - _____ personal care home
    - _____ long term care facility
    - _____ acute care facility
    - _____ community health centre/integrated facility
    - _____ health district
    - _____ other: *please specify:* ____

2. How many years has your organization been in business?
    - 1 year or less
    - 2-5 years
    - 6-10 years
    - 11-15 years
    - 16+ years

NOTE: For Health Districts, please do not include information regarding your affiliates in your survey responses as the affiliates will be surveyed separately.

3. How many people in total do you employ?
    - 10 or less
    - 11-20
    - 21-50
    - over 50

4. Is your organization a:

   _____ private sector organization
   _____ public sector organization

   4a. *If a public sector organization*, what union(s) represent your:

   Home Care Aides (if applicable)? ____________________________________
   Special Care Aides (if applicable)? ____________________________________

Section Two: Employment Status, Retention and Recruitment, Issues

I would now like to ask you some questions related specifically to Home Care and Special Care Aide positions.

HOME CARE AIDES

5. Do you currently employ Home Care Aide type positions?

   _____ yes **skip to Q6**
   _____ no **continue**

   5a. Do you currently have a need for these positions?

   _____ no **skip to Q5m**
   _____ yes **continue**

   5b. What job title will you use in your organization for these employees?

   ____

   5c. Please provide a brief description of the responsibilities the Home Care Aide *(or job title used)* will have in your organization:

   ____
   ____

   5d. Please indicate the number of **full-time** needed *(Full-time is defined as working 37.5 hours per week on a permanent basis).*

   ____

   5e. Are you actively recruiting for these full-time positions?

   _____ yes
   _____ no

   5f. Please indicate the number of **part-time** needed *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*

   ____

   5g. Are you actively recruiting for these part-time positions?

   _____ yes
   _____ no

5h. Please indicate the number of **casual** needed *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*

____

5i. Are you actively recruiting for these casual positions?

_____ yes **Continue**
_____ no

5j. ***If the respondent is actively recruiting for any positions, continue. Otherwise skip to 5m.*** Please describe any difficulties you are experiencing when recruiting.

____

____

5k. In your opinion, how can these recruiting difficulties be overcome? Please explain.

____

____

5l. In your opinion, which position is the most difficult to recruit for:

____ full-time
____ part-time
____ casual

5m. How many Home Care Aides *(or job title used)* do you expect to employ in 5 years?

_____ number of full-time ***Skip to Q7***
_____ number of part-time ***Skip to Q7***
_____ number of casual ***Skip to Q7***
_____ number of full-time equivalents ***Skip to Q7***
(refer to 6b for definition of full-time equivalent if required)

6. Do you use the job title Home Care Aide in your organization?

____ yes
____ no *If no*, please specify the title that you use ____________________

6a. Please provide a brief description of the responsibilities the Home Care Aide *(or job title used)* has in your organization:

____

____

6b. How many Home Care Aides *(or job title used)* do you currently employ:

____ **Full-time** *(Full-time is defined as working 37.5 hours per week on a permanent basis).*
____ **Part-time** *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*
____ **Casual** *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*
____ **Full-time equivalents** *(FTE measures the amount of work done by one full-time employee for one year at 1,948 hours per year, regardless of how many performed the work – e.g. one full-time employee or two part-time employees)*

6c. What percentage of your total Home Care Aides *(or job title used)* are of Aboriginal ancestry? (This includes Status Indians, Non Status Indians, Métis, and Inuit). If you are not sure of the exact percentage, please provide your best estimate.

_____ %

6d. Do any of your Home Care Aides *(or job title used)* also work for your organization as a Special Care Aide *(or job title used)*?

_____ no
_____ yes

6e. Do any of your Home Care Aides *(or job title used)* work for other organizations as Home Care or Special Care Aides *(or job title used)*?

_____ no
_____ yes *If yes*, as Home Care Aides ___ as Special Care Aides ___

6f. What is the estimated average age of your Home Care Aides *(or job title used)*?

_____ years

6g. What estimated percentage of your Home Care Aides *(or job title used)* are female?

_____ %

6h. How many Home Care Aides *(or job title used)* do you expect to employ in 5 years:

Full-time _____
Part-time _____
Casual _____
Full-time equivalent _____

6i. Do you have any difficulty recruiting qualified Home Care Aides *(or job title used)*?

_____ no **Skip to Q6m**
_____ yes **Continue**

6j. Please describe any difficulties you are experiencing when recruiting.

____

____

6k. In your opinion, how can these recruiting difficulties be overcome? Please explain.

____

____

6l. In your opinion, which position is the most difficult to recruit for:

____ full-time
____ part-time
____ casual

6m. Do you have any difficulty retaining qualified Home Care Aides *(or job title used)*?

_____ no **Skip to Q6q**

_____ yes **Continue**

6n. Please describe any difficulties you are experiencing regarding retaining. (*To be read if the respondent asks for examples – examples include Home Care Aides (or job title used) have left for higher wages, returned to school, were fired, etc.*)

____

____

6o. In your opinion, how can these retaining difficulties be overcome? Please explain.

____

____

6p. In your opinion, which position is the most difficult to retain:

____ full-time
____ part-time
____ casual

6q. On a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, how satisfied do you feel your full-time, part-time and casual Home Care Aides *(or job title used)* are with their job in general?

Full-time	_____
Part-time	_____
Casual	_____

If answered 1 or 2 to any of the above, please explain:

____

____

6r. On a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, how satisfied do you feel your full-time, part-time and casual Home Care Aides *(or job title used)* are with the extent to which their skills are being utilized?

Full-time	_____
Part-time	_____
Casual	_____

If answered 1 or 2 to any of the above, please explain:

____

____

6s. In your opinion, what are the top 3 job related concerns your Home Care Aides have *(or job title used)*? (e.g., workload, wages, travel, etc.)

1. ____
2. ____
3. ____

6t. Do you feel these concerns differ by employment status (e.g. full-time, part-time, casual)?

_____ no
_____ yes *If yes*, please explain:

____

____

6u. What percentage of Home Care Aide *(or job title used)* positions are filled by other occupations, such as LPNs or RPNs/RNs?

_____ %

SPECIAL CARE AIDES (e.g. work in long-term care facilities)

7. Do you currently employ Special Care Aide type positions?

_____ yes **Skip to Q8**
_____ no **Continue**

7a. Do you currently have a need for these positions?

_____ no **Skip to Q7m**
_____ yes **Continue**

7b. What job title will you use in your organization for these employees?

____

7c. Please provide a brief description of the responsibilities the Special Care Aide *(or job title used)* will have in your organization:

____

____

7d. Please indicate the number of **full-time** needed *(Full-time is defined as working 37.5 hours per week on a permanent basis).*

____

7e. Are you actively recruiting for these full-time positions?

_____ yes
_____ no

7f. Please indicate the number of **part-time** needed *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*

____

7g. Are you actively recruiting for these part-time positions?

_____ yes
_____ no

7h. Please indicate the number of **casual** needed *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*

____

7i. Are you actively recruiting for these casual positions?

_____ yes **Continue**
_____ no

7j. ***If the respondent is actively recruiting for any positions, continue. Otherwise skip to 7m.*** Please describe any difficulties you are experiencing when recruiting.

____

____

7k. In your opinion, how can these recruiting difficulties be overcome? Please explain.

____

____

7l. In your opinion, which position is the most difficult to recruit for:
____ full-time
____ part-time
____ casual

7m. How many Special Care Aides *(or job title used)* do you expect to employ in 5 years?
_____ number of full-time ***Skip to Q9***
_____ number of part-time ***Skip to Q9***
_____ number of casual ***Skip to Q9***
_____ number of full-time equivalents ***Skip to Q9***
(refer to 8b for definition of full-time equivalent if required)

8. Do you use the job title Special Care Aide in your organization?
____ yes
____ no *If no*, please specify the title that you use ______________________________

8a. Please provide a brief description of the responsibilities the Special Care Aide *(or job title used)* has in your organization:

____

____

8b. How many Special Care Aides *(or job title used)* do you currently employ:
____ **Full-time** *(Full-time is defined as working 37.5 hours per week on a permanent basis).*
____ **Part-time** *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*
____ **Casual** *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*
____ **Full-time equivalents** *(FTE measures the amount of work done by one full-time employee for one year at 1,948 hours per year, regardless of how many performed the work — e.g. one full-time employee or two part-time employees)*

8c. What percentage of your total Special Care Aides are of Aboriginal ancestry? (This includes Status Indians, Non Status Indians, Métis, and Inuit). If you are not sure of the exact percentage, please provide your best estimate.

_____ %

8d. Do any of your Special Care Aides *(or job title used)* also work for your organization as a Home Care Aide *(or job title used)*?

_____ no
_____ yes

8e. Do any of your Special Care Aides *(or job title used)* work for other organizations as Home Care or Special Care Aides *(or job title used)*?

_____ no
_____ yes *If yes,* as Home Care Aides ___ as Special Care Aides ___

8f. What is the estimated average age of your Special Care Aides *(or job title used)*?

_____ years

8g. What estimated percentage of your Special Care Aides *(or job title used)* are female?

_____ %

8h. How many Special Care Aides *(or job title used)* do you expect to employ in 5 years:

Full-time _____
Part-time _____
Casual _____

8i. Do you have any difficulty recruiting qualified Special Care Aides *(or job title used)*?

_____ no ***Skip to Q8m***
_____ yes ***Continue***

8j. Please describe any difficulties you are experiencing when recruiting.

____

____

8k. In your opinion, how can these recruiting difficulties be overcome? Please explain.

____

____

8l. In your opinion, which position is the most difficult to recruit for:

____ full-time
____ part-time
____ casual

8m. Do you have any difficulty retaining qualified Special Care Aides *(or job title used)*?

_____ no ***Skip to Q8q***
_____ yes ***Continue***

8n. Please describe any difficulties you are experiencing regarding retaining. *(To be read if the respondent asks for examples – examples include Special Care Aides (or job title used) have left for higher wages, returned to school, were fired, etc.)*

____

____

8o. In your opinion, how can these retaining difficulties be overcome? Please explain.

____

____

8p. In your opinion, which position is the most difficult to retain:

____ full-time
____ part-time
____ casual

8q. On a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, how satisfied do you feel your full-time, part-time and casual Special Care Aides *(or job title used)* are with their job in general?

Full-time ____
Part-time ____
Casual ____

If answered 1 or 2 to any of the above, please explain:

____

____

8r. On a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, how satisfied do you feel your full-time, part-time and casual Special Care Aides *(or job title used)* are with the extent to which their skills are being utilized?

Full-time ____
Part-time ____
Casual ____

If answered 1 or 2 to any of the above, please explain:

____

____

8s. In your opinion, what are the top 3 job related concerns your Special Care Aides have *(or job title used)*? (e.g., workload, wages, travel, etc.)

1. ____
2. ____
3. ____

8t. Do you feel these concerns differ by employment status (e.g. full-time, part-time, casual)?

______ no
______ yes *If yes*, please explain: ______________________________

8u. What percentage of Special Care Aide *(or job title used)* positions are filled by other occupations, such as LPNs or RPNs/RNs?

______ %

Section Three: Skills and Training

9. In your opinion, what are the top 5 knowledge areas required for: *(If the respondent asks for examples, read - Examples include personal care, communications, nutrition, post-acute care, dementia, etc.)*

9a. Home Care Aides *(or job title used)* **(ask only if currently have Home Care Aides or want Home Care Aides now or in future)**

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

9b. Special Care Aides *(or job title used)* **(ask only if currently have Special Care Aides or want Special Care Aides now or in future)**

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

10. What are the minimum education and experience qualifications required when hiring:

10a. Home Care Aides *(or job title used)*
education ______________________________
experience ______________________________

10b. Special Care Aides *(or job title used)*
education ______________________________
experience ______________________________

11. ***If currently have Home Care Aides (or job title used), continue. Otherwise skip to Q12.*** What estimated percentage of your Home Care Aides *(or job title used)* have the following:

_____ a relevant certificate from a recognized training institution that was obtained prior to employment?

_____ a relevant certificate from a recognized training institution that was obtained on-the-job?

_____ no formal certificate

_____ other: *please specify:* _______________________________________

12. ***If currently have Special Care Aides (or job title used), continue. Otherwise skip to Q13.*** What estimated percentage of your Special Care Aides *(or job title used)* have the following:

_____ a relevant certificate from a recognized training institution that was obtained prior to employment?

_____ a relevant certificate from a recognized training institution that was obtained on-the-job?

_____ no formal certificate

_____ other: *please specify:* _______________________________________

PRE-EMPLOYMENT

13. ***If currently have Home Care Aides (or job title used), continue. Otherwise skip to Q22.*** For your Home Care Aides *(or job title used)*, what pre-employment Saskatchewan and out-of-province training certificates do you recognize and why?

1. ____
2. ____
3. ____

Interviewer: Please attach additional pages if necessary.

14. Is a recognized training certificate a prerequisite to employment for Home Care Aides *(or job title used)*?

_____ yes ***skip to Q15***
_____ no ***continue***

14a. *If no,* is the Home Care Aide *(or job title used)* required to obtain a recognized certificate at any point throughout the course of their employment?

_____ yes ***continue***
_____ no ***skip to Q15***

14b -1. *If yes,* Please explain within what timeframe ___________years
14b-2. What certificate is required? ___________________________
14b-3. Do you have any concerns with them obtaining this training?

ON-THE-JOB TRAINING CERTIFICATE

15. To date, has any on-the-job training been done through your organization where employees have received a home care type certificate from a recognized training institution?

_____ **no** *If no:* Is this type of training planned for the future? ____ no ____ yes
Skip to Q17

_____ **training currently in process, but not completed**
Skip to Q17

_____ **yes** *If yes,* please specify programs/certificates, training institution

____

____

____

16. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, how satisfied in general have you been with this type of on-the-job training done to date?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

16a. *If 1 or 2,* Please explain:

____

____

If more than one on-the-job training program used, please answer the following questions for the program most commonly used.

16b. Were the instructors from your organization, the training institution or other?
_____ your organization
_____ training institution
_____ other

16c. As an employer, what types of costs do you cover for your employees' on-the-job home care type training where a certificate is received?
____ tuition
____ instructors
____ materials
____ other: *please specify:* ______________________________

16d. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost of the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

Please answer the following questions for on-the-job home care type training where a certificate was received.

16e. What types of costs are your employees expected to cover for their on-the-job home care type training where a certificate is received?

____ tuition
____ instructors
____ materials
____ travel
____ other: *please specify*: ____________________

16f. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost to the employees for the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

16g. In your opinion, are there any changes that need to be made to the on-the-job training program?

____ no
____ yes *If yes*, please specify:

16h. In your opinion, are there any additional supports/assistance that need to be provided by the training institution to facilitate the on-the-job training? (*examples of supports include finding instructors, assistance with lesson preparation, etc.*)

____ no
____ yes *If yes*, please specify:

16i. Was prior learning/experience, also referred to as PLAR, adequately recognized?

____ no
____ yes

Please explain:

____

____

16j. In your opinion, were there any barriers encountered by employees applying for PLAR?
(Interviewer to read example if respondent asks: - An example includes cost.)

____ no
____ yes

Please explain:

____

____

16k. Was any time off with pay provided to your employees while they took the program?

____ no
____ yes

Please explain:

____

____

16l. Do you partner with other employers to provide on-the-job training where a certificate is received?

____ no
____ yes

Please explain:

____

____

ON-THE-JOB TRAINING NON-CERTIFICATE

17. To date, has any formal on-the-job training been conducted for Home Care Aides *(or job title used)* where no certificate was provided at the end of the training?

_____ **no** ***Skip to Q19***

_____ **training currently in process, but not completed**
Skip to Q19

_____ **yes** *If yes,* please explain:

____
____
____

18. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, how satisfied in general have you been with this type of on-the-job training done to date?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

18a. *If 1 or 2,* Please explain:

____
____

If more than one on-the-job training program used, please answer the following questions for the program most commonly used.

18b. Were the instructors from your organization, the training institution or other?
_____ your organization
_____ training institution
_____ other

18c. As an employer, what types of costs do you cover for your employees' on-the-job home care type training where a certificate is not received?
____ tuition
____ instructors
____ materials
____ other: *please specify:* ______________________________

18d. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost of the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

Please answer the following questions for on-the-job home care type training where a certificate was not received.

18e. What types of costs are your employees expected to cover for their on-the-job home care type training where a certificate is not received?

____ tuition
____ instructors
____ materials
____ travel
____ other: *please specify:* ________________________________

18f. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost to the employees for the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

18g. In your opinion, are there any changes that need to be made to the on-the-job training program?

____ no
____ yes *If yes*, please specify:

18h. Was prior learning/experience, also referred to as PLAR, adequately recognized?

____ no
____ yes

Please explain:

18i. In your opinion, were there any barriers encountered by employees applying for PLAR?
(Interviewer to read example if respondent asks: - An example includes cost.)

____ no
____ yes

Please explain:

18j. Was any time off with pay provided to your employees while they took the program?

____ no
____ yes

Please explain:

18k. Do you partner with other employers to provide on-the-job training where a certificate is not received?

____ no
____ yes

Please explain:

18l. Will you continue to provide training that does not result in a certificate?

____ no
____ yes

Please explain:

18m. In your opinion, will this type of training be recognized by other employers?

____ all
____ some
____ none

Please explain:

18n. In your opinion, will this type of training be recognized by other health districts?

____ all
____ some
____ none

Please explain:

____

____

OTHER TYPES OF TRAINING

19. To date, have any of your Home Care Aides *(or job title used)* who did not have a certificate when hired received a relevant home care type certificate from a training institution other than through on-the-job training (e.g., took the course off-site part-time)?

_____ no
_____ training currently in process, but not completed
_____ yes *If yes*, please explain:

____

____

20. Have any other **formal** updates/training been required throughout the course of the Home Care Aides' *(or job title used)* employment?

_____ no
_____ yes *If yes*, please explain:

____

____

21. Is any **informal** training, coaching, or one-on-one training done for Home Care Aides *(or job title used)*?

_____ no
_____ yes *If yes*, please explain:

____

____

If they currently have Special Care Aides, continue. Otherwise:
if Out of Province Employer skip to Q30
if Saskatchewan Employer skip to Q32

PRE-EMPLOYMENT

22. For your Special Care Aides *(or job title used)*, what pre-employment Saskatchewan and out-of-province training certificates do you recognize and why? *Interviewer: please attach additional pages if necessary.*

1. ____
2. ____
3. ____

22a. Is a recognized training certificate a prerequisite to employment for Special Care Aides *(or job title used)*?

_____ yes **Skip to Q23**

_____ no **Continue**

22b. *If no*: is the Special Care Aide *(or job title used)* required to obtain a recognized certificate at any point throughout the course of their employment?

_____ yes **Continue**
_____ no **Skip to Q23**

22c-1. *If yes,* Please explain within what timeframe __________ years
22c-2. What certificate is required? ______________________
22c-3. Do you have any concerns with them obtaining this training?

ON-THE-JOB TRAINING CERTIFICATE

23. To date, has any on-the-job training been done through your organization where employees have received a special care aide type certificate from a recognized training institution?

_____ **no** *If no*: Is this type of training planned for the future? ____ no ____ yes
Skip to Q25

_____ **training currently in process, but not completed**
Skip to Q25

_____ **yes** *If yes*, please specify programs/certificates, training institution

____
____
____

24. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, how satisfied in general have you been with this type of on-the-job training done to date?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

24a. *If 1 or 2*, Please explain:

____
____

If more than one on-the-job training program used, answer the following questions for the program most commonly used.

24b. Were the instructors from your organization, the training institution or other?

_____ your organization
_____ training institution
_____ other

24c. As an employer, what types of costs do you cover for your employees' on-the-job special care type training where a certificate is received?

____ tuition
____ instructors
____ materials
____ other: *please specify*: ____

24d. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost of the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

____

____

Please answer the following questions for on-the-job special care type training where a certificate was received.

24e. What types of costs are your employees expected to cover for their on-the-job special care type training where a certificate is received?

____ tuition
____ instructors
____ materials
____ travel
____ other: *please specify*: ____

24f. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost to the employees for the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

____

____

24g. In your opinion, are there any changes that need to be made to the on-the-job training program?

____ no
____ yes *If yes,* please specify:

____

____

24h. In your opinion, are there any additional supports/assistance that need to be provided by the training institution to facilitate the on-the-job training? *(examples of supports include finding instructors, assistance with lesson preparation, etc.)*

____ no
____ yes *If yes,* please specify:

____

____

24i. Was prior learning/experience, also referred to as PLAR, adequately recognized?

____ no
____ yes

Please explain:

____

____

24j. In your opinion, were there any barriers encountered by employees applying for PLAR? *(Interviewer to read example if respondent asks: - An example includes cost.)*

____ no
____ yes

Please explain:

____

____

24k. Was any time off with pay provided to your employees while they took the program?

____ no
____ yes

Please explain:

____

____

24l. Do you partner with other employers to provide on-the-job training where a certificate is received?

____ no
____ yes

Please explain:

____

____

ON-THE-JOB TRAINING NON-CERTIFICATE

25. To date, has any formal on-the-job training been conducted for Special Care Aides *(or job title used)* where *no certificate* was provided at the end of the training?

_____ **no** *If no*: Is this type of training planned for the future? ____ no ____ yes
Skip to Q27

_____ **training currently in process, but not completed**
Skip to Q27

_____ **yes** *If yes*, please explain

____

____

____

26. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, how satisfied in general have you been with this type of on-the-job training done to date?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

26a. *If 1 or 2*, Please explain:

____

____

If more than one on-the-job training program used, answer questions for the program most commonly used.

26b. Were the instructors from your organization, the training institution or other?

_____ your organization
_____ training institution
_____ other

26c. As an employer, what types of costs do you cover for your employees' on-the-job special care type training where a certificate is not received?

____ tuition
____ instructors
____ materials
____ other: *please specify*: ____

26d. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost of the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

____

____

Please answer the following questions for on-the-job special care type training where a certificate was not received.

26e. What types of costs are your employees expected to cover for their on-the-job special care type training where a certificate is not received?

____ tuition
____ instructors
____ materials
____ travel
____ other: *please specify*: ____

26f. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate in general was the cost to the employees for the training programs to date?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, Please explain:

____

____

26g. In your opinion, are there any changes that need to be made to the on-the-job training program?

____ no
____ yes *If yes*, please specify:

____

____

26h. Was prior learning/experience, also referred to as PLAR, adequately recognized?

____ no

____ yes

Please explain:

____

____

26i. In your opinion, were there any barriers encountered by employees applying for PLAR?
(Interviewer to read example if respondent asks: - An example includes cost.)

____ no

____ yes

Please explain:

____

____

26j. Was any time off with pay provided to your employees while they took the program?

____ no

____ yes

Please explain:

____

____

26k. Do you partner with other employers to provide on-the-job training where a certificate is not received?

____ no

____ yes

Please explain:

____

____

26l. Will you continue to provide training that does not result in a certificate?

____ no

____ yes

Please explain:

____

____

26m. In your opinion, will this type of training be recognized by other employers?

____ all
____ some
____ none

Please explain:

____

____

26n. In your opinion, will this type of training be recognized by other health districts?

____ all
____ some
____ none

Please explain:

____

____

OTHER TYPES OF TRAINING

27. To date, have any of your Special Care Aides *(or job title used)* who did not have a certificate when hired received a relevant special care type certificate from a training institution other than through on-the-job training (e.g., took the course off-site part-time)?

_____ no
_____ training currently in process, but not completed
_____ yes *If yes*, please explain:

____

____

28. Have any other **formal** updates/training been required throughout the course of the Special Care Aides' *(or job title used)* employment?

_____ no
_____ yes *If yes*, please explain:

____

____

29. Is any **informal** training, coaching, or one-on-one training done for Special Care Aides *(or job title used)*?

_____ no
_____ yes *If yes*, please explain:

____

____

Saskatchewan Employers Skip to Q32

OUT OF PROVINCE EMPLOYERS ONLY

30. Have you hired graduates of Saskatchewan Home Care/Special Care Aide training programs?

_____ yes *If yes*, please explain from which programs:

_____

_____

_____ no *If no*, please explain why not and then **Skip to Q32**:

_____

_____

31. Will you continue to hire more Saskatchewan graduates in the future?

_____ yes

_____ no

please explain:

_____

_____

ALL RESPONDENTS CONTINUE

32. What do you feel are the main barriers for urban, rural, and northern people to obtain Home Care/Special Care Aide training: *(Examples: cost, lack of time, geographical proximity to training programs/practicums)*

Urban: _____

_____

Rural: _____

_____

Northern: _____

_____

33. Besides the training programs you've already mentioned, are you aware of any other Home Care/Special Care Aide pre-employment or on-the-job training programs currently offered in or outside Saskatchewan?

_____ no
_____ yes *If yes,* please list and provide any general comments for each based on your knowledge of the programs (*e.g., certificate program?, cost, content, etc.*)

Saskatchewan

Outside of Saskatchewan

34. In your opinion, on a scale of 1 to 5 where 1 = Does Not Meet Needs At All and 5 = Meets All Needs, how well do the existing **Saskatchewan** training programs in general for Home Care/Special Care Aides meet the needs of employers?

Does Not Meet Needs At All		Neutral		Meets All Needs
1	2	3	4	5

34a. *If 1 or 2,* please explain.

35. In your opinion, on a scale of 1 to 5 where 1 = Does Not Meet Needs At All and 5 = Meets All Needs, how well do the existing **non-Saskatchewan** training programs in general for Home Care/Special Care Aides meet the needs of employers?

Does Not Meet Needs At All		Neutral		Meets All Needs
1	2	3	4	5

35a. *If 1 or 2,* please explain.

36. What new skill areas, if any, will be required over the next five years for Home Care and Special Care Aides *(or job title used)*? Based on these skill changes, what types of changes in training, if any, will be needed over the next 5 years for each of these occupations?

36a. Home Care Aides *(or job title used)*	New Skill Areas	Training Changes
36b. Special Care Aides *(or job title used)*	New Skill Areas	Training Changes

37. On a scale of 1 to 5, where 1= Very Difficult and 5 = Not Difficult At All, please comment on how difficult it is for Home Care and Special Care Aides *(or job titles used)* to move to, or transfer between:

37a. Employers within Saskatchewan:

Home Care Aides *(or job title used)* _____
If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____
If 1 or 2, please explain.

37b. Unions within Saskatchewan:

Home Care Aides *(or job title used)* _____
If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____
If 1 or 2, please explain.

37c. Health Districts within Saskatchewan:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

37d. Employers within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

37e. Unions within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

38. Do you feel many Home Care/Special Care Aides *(or job titles used)* continue their education and branch into another occupation, such as an LPN or RPN/RN?

_____ no
_____ yes

39. On a scale of 1 to 5, with 1= Very Difficult and 5 = Not Difficult At All, in general, how difficult would it be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs, such as the LPN or RPN/RN.

Very Difficult		Neutral		Not Difficult at All
1	2	3	4	5

39a. *If 1 or 2*, please explain.

____

____

Section Three: General Industry

40. What do you think are the most pressing general issues facing the Home Care and Special Care industries?

Home Care: ______________________________

____

Special Care: ______________________________

____

41. How do you think these issues can be resolved?

____

____

____

42. What do you think are the most pressing general training issues facing the Home Care and Special Care Industries?

Home Care: ______________________________

____

Special Care: ______________________________

____

43. How do you think these issues can be resolved?

____

____

____

44. Do you belong to an Industry Association? *If yes* which one (s)?

____

____

____

45. Would you please provide the following information?

Contact Name: ____________________
Business Name: ____________________
Telephone Number: ____________________
Fax Number: ____________________
Street Address: ____________________
City/Town/Box #: ____________________
Postal Code: ____________________
e-mail Address ____________________

For Interviewer Use:

Is the employer: ____ rural ____ urban ____ northern ____ out-of-province

Appendix I: Employee Survey

EMPLOYEE SURVEY:

Hello. My name is ____________________ and I am calling from Mercury Information Services on behalf of Saskatchewan Health and Post Secondary Education and Skills Training. ***We are conducting a survey with Home Care/Special Care Aides and are gathering information about a variety of topics including current and future needs, training, and job specifics.*** Could I have 15 to 20 minutes of your time to answer some questions? All responses to this questionnaire are voluntary and will be treated as confidential. Do you have a few minutes to speak to me right now? If no, would there be a convenient time that I could call back?

If yes – time ______________________
If no, end the survey.

If necessary, contact Linda Thauberger at Mercury Information Services (306-922-6891) for more information regarding the survey.

Section One: Job and Employer Information

1. Are you currently employed as a: *(Check all that apply)*
   - home care aide (*if using a different job title, please specify:* ________________________)
   - special care aide (*if using a different job title, please specify:* ________________________)

If a Home Care Aide, continue. If not, skip to Q5 on the next page

2. As a Home Care Aide *(or job title used)*, are you hired into a: *(Check all that apply if more than one home care aide job)*
   - **full-time position** (*Full-time is defined as working 37.5 hours per week on a permanent basis)*
   - **part-time position** (*Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week)*
   - **casual position** (*Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis)*

3. On average, how many hours per week do you work as a home care aide *(or job title used)* **in total**?
   _______ average hours/wk

4. Is this average above, below or on target with the average number of hours you want to work as a Home Care Aide *(or job title used) in total* per week?
   - **above**
     Please state the reasons for why this number is above what you would like to work per week
     ____
     What is the average number of hours you would like to work per week? _______
   - **below**
     Please state the reasons for why this number is below what you would like to work per week
     ____
     What is the average number of hours you would like to work per week? _______
   - **on target**

If a Special Care Aide, continue. If not, skip to Q8 below

5. As a Special Care Aide *(or job title used)*, are you hired into a: *(Check all that apply if more than one special care aide job)*

full-time position *(Full-time is defined as working 37.5 hours per week on a permanent basis)*
part-time position *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week)*
casual position *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis)*

6. On average, how many hours per week do you work as a Special Care Aide *(or job title used)* **in total**?
______ average hours/wk

7. Is this average above, below or on target with the average number of hours you want to work as a Special Care Aide *(or job title used) in total* per week?

above
Please state the reasons for why this number is above what you would like to work per week
____
What is the average number of hours you would like to work per week? ______

below
Please state the reasons for why this number is below what you would like to work per week
____
What is the average number of hours you would like to work per week? ______

on target

All respondents continue

8. Do you work in a (*check one only*):
rural location
northern location
urban location
mixture: please specify using percentages: rural % ___ northern % ___ urban % _____

9. Do you work for more than one employer?
no
yes: please specify how many employers you currently work for: ______

Please read to the respondents if they work for more than one employer and/or in more than one position (e.g., Home Care Aide and Special Care Aide or 2 Home Care Aide positions):

Please answer the following questions based on the position and/or employer you work the most hours for. This position and/or employer will be referred to as your primary job and primary employer throughout the survey.

10. Which best describes your primary employer:
home care
personal care home
long term care facility
acute care facility
community health centre/integrated facility
health district

other: *please specify* ____

11. Is your primary employer in the:
    private sector
    public sector: What union are you a member of?
    ____

12. What is your primary job?
    home care aide (*or job title used*) ____ full-time ___ part-time _____ casual
    special care aide (*or job title used*) ____ full-time ___ part-time _____ casual

13. Please briefly describe your primary job responsibilities.

____

____

14. How many years have you been in your primary job?
    _____ years

15. How many years have you been with your primary employer?
    _____ years *Note: If the number of years with the employer is greater than the number of years in the primary job, ask:*

    15a. What positions in your primary workplace did you hold prior to your primary job?

    ____

    ____

16. In general, how long have you been employed in the Home Care/Special Care Aide industry?
    _____ years

17. How many times have you changed jobs since you began your employment in this industry?
    _____ times

Section Two: Recruitment and Retention

18. In your opinion, is it difficult to recruit qualified (use primary job: either Home Care Aide or Special Care Aide depending on which is their primary job) to your primary workplace?
    no ***Skip to Q19 on the next page***
    yes ***Continue***

    18a. In your opinion, is it more difficult to recruit (*check one only*):
    full-time
    part-time
    casual employees

    18b. Please explain your response:

    ____

    ____

    18c. In your opinion, how can these recruitment difficulties be overcome?

    ____

All respondents continue

19. Do you know if your primary workplace is actively recruiting for (*check all that apply*):

full-time
part-time
casual employees

20. In your opinion, is it difficult to retain qualified *(use primary job: either Home Care Aide or Special Care Aide depending on which is their primary job)* in your primary workplace?

no **Skip to Q21 on the next page**
yes **Continue**

20a. In your opinion, is it more difficult to retain (*check one only*):

full-time
part-time
casual employees

20b. Please explain your response:

20c. In your opinion, how can these retaining difficulties be overcome?

20d. When *(use primary job: either Home Care Aides or Special Care Aides depending on which is their primary job)* leave their jobs in your primary workplace, do they obtain employment with a similar type of employer?

always
sometimes
never
n/a

20d-1. *If sometimes or never,* please explain what type of jobs/employers they go to:

20e. What do you feel are the reasons why they leave?

21. On a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, how satisfied are you with your primary job?

Not at all Satisfied Neutral Very Satisfied

1	2	3	4	5

21a. Please explain:

21b. *If 1 or 2*, Is there anything specific your employer could be doing to ensure you stay?

22. On a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, how satisfied are you with the extent to which your skills are being utilized in your primary job?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

22a. *If 1 or 2*, Please explain:

All respondents continue

23. What are the top 3 job related concerns you have?

1.
2.
3.

24. Are Home Care Aide/Special Care Aide positions being filled in your primary workplace by other occupations, such as LPNs or RPNs/RNs?

no
yes

24a. *If yes,* please explain if this is a concern.

____

____

Section Three: Skills and Training

25. In your opinion, what are the top 5 knowledge areas required for: *(If the respondent asks for examples, read - Examples include personal care, communications, nutrition, post-acute care, dementia, etc.)*

25a. Home Care Aides *(or job title used) - (ask only if they are a Home Care Aide)*

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

25b. Special Care Aides *(or job title used) - (ask only if they are a Special Care Aide)*

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

26. Do you have a Home Care Aide or Special Care Aide type certificate?

No 26a. Will you be required to get one at some point in your employment?
No **Skip to Q27 on page 9**
Yes 26b. Please specify within what timeframe from your employment start date: _____ years
Skip to Q27 on page 9

Training currently in process, but not completed **Skip to Q27 on page 9**

Yes 26c. Please specify which certificate you have, from what training institution, and year received:

Certificate: ______________________________

Training Institution: ______________________________

Year: ______________________________

26d. Does your certificate enable you to work in (*check one only*):
home care
special care/long term
both (dual certificate)

26e. Was your certificate obtained on-the-job or pre-employment? *(If need a definition of pre-employment training: It is entry level training – the programs are usually designed to provide trades training to students without previous experience in a trade).*

on-the-job
pre-employment part-time program
pre-employment full-time program
other: please specify: ___________________________

26f. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, in general, how satisfied were you with the training **program**?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

Please explain.

____

____

26g. ***FOR PRE-EMPLOYMENT RESPONDENTS ONLY (from 26e):*** On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, in general, how satisfied were you with the training **practicum**?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

Please explain.

____

____

26h. ***FOR ALL RESPONDENTS:*** Was there a monetary cost to you for this training?

Yes ***Continue***
No ***Skip to 26k if on-the-job or 26l if pre-employment***
(from 26e response)

26i. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate was the cost of this training program?

Not at all Appropriate		Neutral		Very Appropriate
1	2	3	4	5

If 1 or 2, please explain.

____

____

26j. ***FOR ON-THE-JOB RESPONDENTS ONLY (from 26e):*** What types of costs were you expected to cover?

tuition
instructors
materials
travel
other: please specify ____________________

26k. ***FOR ON-THE-JOB RESPONDENTS ONLY (from 26e):*** Was any time off with pay provided to you by your employer while taking the program?

Yes
No

26l. ***FOR PRE-EMPLOYMENT RESPONDENTS ONLY (from 26e):*** Was having a Home Care/Special Care Aide certificate a prerequisite for being hired?

Yes
No

26m. ***FOR PRE-EMPLOYMENT RESPONDENTS ONLY (from 26e):*** Did having your certificate make it easier to find employment?

Yes
No

26n. ***FOR ALL RESPONDENTS:*** In your opinion, are there any changes that need to be made to this training program?

Yes
No

Please explain.

____

____

26o. ***FOR ALL RESPONDENTS:*** Was prior learning/experience, also referred to as PLAR, adequately recognized?

Yes
No

Please explain.

26p. ***FOR ALL RESPONDENTS:*** Did you encounter any barriers to applying for PLAR? *(Interviewer to read example if respondent asks: - An example includes cost)*

Yes
No

Please explain.

27. Have you taken any formal on-the-job training where no certificate was provided at the end of the training?

No ***Skip to Q28***
Yes 27a. Please explain.

27b. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, how satisfied were you with this on-the-job training?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

If 1 or 2, please explain.

27c. Were the instructors from your workplace, a training institution, or other?

workplace
training institution
other: please specify ________________________________

27d. What types of costs were you expected to cover for your on-the-job home care/special care type training where a certificate was not received?

tuition
instructors
materials
travel
other: please specify ______________________

27e. On a scale of 1 to 5, where 1= Not At All Appropriate and 5 = Very Appropriate, how appropriate was the cost of this training program?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

If 1 or 2, please explain.

27f. In your opinion, are there any changes that need to be made to this type of training?

Yes
No

If yes, please specify.

27g. Was any time off with pay provided to you by your employer while taking the training?

Yes
No

27h. Was prior learning/experience, also referred to as PLAR, adequately recognized?

Yes
No

Please explain.

27i. Did you encounter any barriers to applying for PLAR? *(Interviewer to read example if respondent asks: - An example includes cost)*
Yes
No

Please explain.

28. Have any other formal training/updates been required throughout the course of your employment?
No
Yes 28a. *If yes,* please explain and state whether a certificate was obtained, and if so, what type.

29. Have you received informal training, coaching, or one-on-one training for your job?

Yes 29a. On a scale of 1 to 5, where 1=Not At All Satisfied and 5= Very Satisfied, how satisfied were you with the training?

Not at all Satisfied		Neutral		Very Satisfied
1	2	3	4	5

If 1 or 2, please explain.

No 29b. Would you like to receive this type of training?
Yes
No

Please explain.

30. Besides the training programs you've already mentioned, are you aware of any other Home Care/Special Care Aide pre-employment or on-the-job training programs currently offered in Saskatchewan?

No

Yes 30a. *If yes,* please list and provide any general comments for each based on your knowledge of the programs (e.g., cost, content, etc.) *Add additional pages if need*

Saskatchewan

1. Program name: ____________________
   ☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate
   Comments: ____________________

2. Program name: ____________________
   ☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate
   Comments: ____________________

3. Program name: ____________________
   ☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate
   Comments: ____________________

31. In your opinion, what are the main barriers to obtaining training? *(Examples: cost, lack of time, geographical proximity to training programs/practicums)*

____

32. In your opinion, on a scale of 1 to 5 where 1 = Does Not Meet At All and 5 = Meets All Needs, how well do the existing Saskatchewan training programs in general for Home Care/Special Care Aides *(or job titles used)* in Saskatchewan meet the needs of employers?

Does Not Meet At All		Neutral		Meets All Needs
1	2	3	4	5

32a. *If 1 or 2,* please explain.

____

33. What new skill areas, if any, will be required over the next five years for Home Care (or Special Care Aides depending on which they are)? Based on these skill changes, what types of changes in training, if any, will be needed over the next 5 years?

33a. Home Care Aides *(or job title used)*	New Skill Areas	Training Changes
33b. Special Care Aides *(or job title used)*	New Skill Areas	Training Changes

34. In your opinion, are there any competencies, skills or training that are no longer relevant for Home Care Aides *(or job title used)?*

Yes
No

If yes, please explain.

____

____

35. In your opinion, are there any competencies, skills or training that are no longer relevant for Special Care Aides *(or job title used)?*

Yes
No

If yes, please explain.

____

____

36. On a scale of 1 to 5, where 1= Very Difficult and 5 = Not Difficult At All, please comment on how difficult it is for Home Care and Special Care Aides *(or job titles used* - depending on which they are) to move to, or transfer between:

36a. Employers within Saskatchewan:

Home Care Aides *(or job title used)* ______
If 1 or 2, please explain.

Special Care Aides *(or job title used)* ______
If 1 or 2, please explain.

36b. Unions within Saskatchewan:

Home Care Aides *(or job title used)* ______
If 1 or 2, please explain.

Special Care Aides *(or job title used)* ______
If 1 or 2, please explain.

36c. Health Districts within Saskatchewan:

Home Care Aides *(or job title used)* ______
If 1 or 2, please explain.

Special Care Aides *(or job title used)* ______
If 1 or 2, please explain.

36d. Employers within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

36e. Unions within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

37. Do you feel many Home Care/Special Care Aides *(or job titles used)* continue their education and branch into another occupation, such as an LPN or RPN/RN?

No
Yes

38. On a scale of 1 to 5, with 1= Very Difficult and 5 = Not Difficult At All, in general, how difficult would it be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs, such as the LPN or RPN/RN?

Very Difficult		Neutral		Not Difficult at All
1	2	3	4	5

38a. *If 1 or 2*, please explain.

39. On a scale of 1 to 5, where 1= Strongly Disagree and 5 = Strongly Agree, please indicate your level of agreement with the following statement: I would like to further my education and ladder or transfer into other programs, such as the LPN or RPN/RN.

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4	5

39a. Please explain.

____

____

Section Four: Respondent Information

40. What is your age category?

25 years or under
26 to 30 years
31 to 35 years
36 to 45 years
46 to 55 years
56 years and older

41. A Representative Workforce is where Aboriginal people are employed in all classifications and at all levels (entry, middle, senior management) in proportion to their potential labour force numbers in the population.

The following question is optional:

Do you self-declare yourself as a:

First Nations Person
Métis
Inuit

Contact Name: ____________________

Telephone Number: ____________________

City/Town: ____________________

Telephone Number: ____________________

For Interviewer Use Only: Is the employee:

Male
Female

Appendix J: Training Provider Survey

TRAINING PROVIDER SURVEY:

Hello. My name is ___________________ and I am calling from Mercury Information Services on behalf of Saskatchewan Health and Post Secondary Education and Skills Training. ***We are conducting a survey with Training Providers regarding Home Care and Special Care Aides and are gathering information about a variety of topics including current and future needs, training, and trends.*** Could I have 15 to 20 minutes of your time to answer some questions? All responses to this questionnaire are voluntary and will be treated as confidential. Do you have a few minutes to speak to me right now? If no, would there be a convenient time that I could call back?

*If yes - time*______________________

If no, end the survey.

If necessary, contact Linda Thauberger at Mercury Information Services (306-922-6891) for more information regarding the survey.

Section One: Job Overview, Recruitment and Retention, Concerns, Job Satisfaction

1. What Home Care/Special Care Aide type programs does your training institution offer?
   1a. Home Care Aide type programs:
      Certificate title ____
   1b. Special Care Aide type programs:
      Certificate title ____
   1c. Dual Certificate type programs:
      Certificate title ____
2. What job titles do you usually use for Home Care Aides and Special Care Aides?
   Home Care Aides:
      Job title ____
   Special Care Aides:
      Job title ____
3. Please provide a brief description of the job responsibilities your training programs prepare students for:
   Home Care Aides *(or job title used)*
   ____
   ____
   Special Care Aides *(or job title used)*
   ____
   ____

If Home Care Aide Training is not provided, skip to Q12

I'd now like to ask you some questions regarding Home Care Aides (or job title used):

4. Do you expect the number of **full-time** Home Care Aide positions in the Saskatchewan industry *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Full-time is defined as working 37.5 hours per week on a permanent basis).*

____ increase
____ decrease
____ stay the same

5. Do you expect the number of **part-time** Home Care Aide positions in the Saskatchewan industry *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Part-time is defined as working regularly scheduled hours totalling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*

____ increase
____ decrease
____ stay the same

6. Do you expect the number of **casual** Home Care Aide positions in the Saskatchewan industry *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*

____ increase
____ decrease
____ stay the same

7. In your opinion, is it difficult for organizations to recruit qualified Home Care Aides *(or job title used)*?

____ no ***Skip to Q8***
____ yes ***Continue***

7a. *If yes,* In your opinion, is it more difficult to recruit:

____ full-time
____ part-time
____ casual employees

Please explain:

____

____

7b. In your opinion, how can these recruiting difficulties be overcome?

____

____

8. In your opinion, is it difficult for organizations to retain qualified Home Care Aides *(or job title used)*?

____ no **Skip to Q9**
____ yes **Continue**

8a. *If yes,* In your opinion, is it more difficult to retain:

____ full-time
____ part-time
____ casual employees

Please explain:

____
____

8b. In your opinion, how can these retaining difficulties be overcome?

____
____

9. In your opinion, what are the top 3 job related concerns Home Care Aides *(or job title used)* have?

1. ______________________________
2. ______________________________
3. ______________________________

10. On a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, in general, how satisfied do you feel full-time, part-time and casual Home Care Aides *(or job title used)* in Saskatchewan are with their job?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
10a. Full-time	1	2	3	4	5	
10b. Part-time	1	2	3	4	5	
10c. Casual	1	2	3	4	5	

11. On a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, how satisfied do you feel full-time, part-time and casual Home Care Aides *(or job title used)* in Saskatchewan are with the extent to which their skills are being utilized?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
11a. Full-time	1	2	3	4	5	
11b. Part-time	1	2	3	4	5	
11c. Casual	1	2	3	4	5	

If Special Care Aide Training is not provided, skip to Q20

Now I'd like to ask you similar questions regarding Special Care Aides (or job title used).

12. Do you expect the number of **full-time** Special Care Aide positions in the Saskatchewan industry (or job title used) to increase, decrease or stay the same in the next 5 years? (Full-time is defined as working 37.5 hours per week on permanent basis).

____ increase
____ decrease
____ stay the same

13. Do you expect the number of **part-time** Special Care Aide positions in the Saskatchewan industry *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*

____ increase
____ decrease
____ stay the same

14. Do you expect the number of **casual** Special Care Aide positions in the Saskatchewan industry *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*

____ increase
____ decrease
____ stay the same

15. In your opinion, is it difficult for organizations to recruit qualified Special Care Aides *(or job title used)*?

____ no **Skip to Q16**
____ yes **Continue**

15a. *If yes,* In your opinion, is it more difficult to recruit:

____ full-time
____ part-time
____ casual employees

Please explain:

____

____

15b. In your opinion, how can these recruiting difficulties be overcome?

____

____

16. In your opinion, is it difficult for organizations to retain qualified Special Care Aides *(or job title used)*?

____ no **Skip to Q17**
____ yes **Continue**

16a. *If yes,* In your opinion, is it more difficult to retain:

____ full-time
____ part-time
____ casual employees

Please explain:

____

____

16b. In your opinion, how can these retaining difficulties be overcome?

____

____

17. In your opinion, what are the top 3 job related concerns Special Care Aides *(or job title used)* have?

1. ____
2. ____
3. ____

18. On a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, in general, how satisfied do you feel full-time, part-time and casual Special Care Aides *(or job title used)* in Saskatchewan are with their job?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
18a. Full-time	1	2	3	4	5	
18b. Part-time	1	2	3	4	5	
18c. Casual	1	2	3	4	5	

19. On a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, in general, how satisfied do you feel full-time, part-time and casual Special Care Aides *(or job title used)* in Saskatchewan are with the extent to which their skills are being utilized?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
19a. Full-time	1	2	3	4	5	
19b. Part-time	1	2	3	4	5	
19c. Casual	1	2	3	4	5	

Section Two: Skills and Training

20. In your opinion, what are the top 5 knowledge areas required for: *(If the respondent asks for examples, read - Examples include personal care, communications, nutrition, post-acute care, dementia, etc.)*

20a. Home Care Aides *(or job title used)*

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

20b. Special Care Aides *(or job title used)*

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

21. From your perspective, what are the minimum education and experience qualifications required in the industry when hiring:

21a. Home Care Aides *(or job title used)*
education ______________________________
experience ______________________________

21b. Special Care Aides *(or job title used)*
education ______________________________
experience ______________________________

22. Please list all the Home Care/Special Care Aide pre-employment and on-the-job training programs that you are aware of that are currently offered in Saskatchewan and outside of Saskatchewan. Based on your knowledge of these programs, please provide any general comments for each (e.g., cost, content, etc.) *Attach additional pages if necessary.*

Saskatchewan

1. Program name: ______________________________
☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate
Comments: ______________________________
____
____

2. Program name: ______________________________
☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate

Comments: ______________________________

Outside of Saskatchewan

1. Program name: ______________________________
☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate
Comments: ______________________________

2. Program name: ______________________________
☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate
Comments: ______________________________

23. On a scale of 1 to 5, with 1= Very Difficult and 5 = Not Difficult At All, in general, how difficult would it be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs, such as the LPN or RPN/RN.

Very Difficult		Neutral		Not Difficult at All
1	2	3	4	5

23a. *If 1 or 2*, please explain.

____

24. In your opinion, on a scale of 1 to 5, where 1 = Not Adequately Recognizes and 5 = Fully Recognizes, how well do the existing **Saskatchewan** Home Care/Special Care Aide training programs recognize prior learning and experience, also referred to as PLAR?

Not Adequately Recognizes		Neutral		Fully Recognizes
1	2	3	4	5

24a. *If 1 or 2*, please explain.

____

25. In your opinion, are there any barriers for a student applying for PLAR in Saskatchewan? *(Interviewer to read example if respondent asks: - An example includes cost.)*

____ yes
____ no

Please explain:

____

____

26. In your opinion, on a scale of 1 to 5, where 1 = Not Adequately Recognizes and 5 = Fully Recognizes, how well do the existing **non-Saskatchewan** Home Care/Special Care Aide training programs recognize prior learning and experience, or PLAR?

Not Adequately Recognizes		Neutral		Fully Recognizes
1	2	3	4	5

26a. *If 1 or 2*, please explain.

____

____

27. In your opinion, are there any barriers for a student applying for PLAR outside of Saskatchewan? *(Interviewer to read example if respondent asks: - An example includes cost.)*

____ yes
____ no

Please explain:

____

____

28. In your opinion, on a scale of 1 to 5 where 1 = Does Not Meet Needs At All and 5 = Meets All Needs, how well do the existing **Saskatchewan** training programs in general for Home Care/Special Care Aides meet the needs of employers?

Does Not Meet Needs At All		Neutral		Meets All Needs
1	2	3	4	5

28a. *If 1 or 2*, please explain.

____

____

29. In your opinion, on a scale of 1 to 5 where 1 = Does Not Meet Needs At All and 5 = Meets All Needs, how well do the existing **non-Saskatchewan** training programs in general for Home Care / Special Care Aides meet the needs of employers?

Does Not Meet Needs At All		Neutral		Meets All Needs
1	2	3	4	5

29a. *If 1 or 2*, please explain.

____

____

30. What do you feel are the main barriers for urban, rural, and northern people to obtain Home Care/Special Care Aide training: *(Examples: cost, lack of time, geographical proximity to training programs/practicums)*

Urban: ____

____

Rural: ____

____

Northern: ____

____

31. What new skill areas, if any, will be required over the next five years for Home Care and Special Care Aides *(or job titles used)*? Based on these skill changes, what types of changes in training, if any, will be needed over the next 5 years?

31a. Home Care Aides *(or job title used)*	New Skill Areas	Training Changes
31b. Special Care Aides *(or job title used)*	New Skill Areas	Training Changes

32. Are there any additional needs or niches that could be filled by Home Care/Special Care Aide training programs in general? Please explain.

____

____

____

Out-of-Province Training Providers Skip to Q34
Saskatchewan Training Providers Continue

33. On a scale of 1 to 5, where 1= Very Difficult and 5 = Not Difficult At All, please comment on how difficult it is for Home Care and Special Care Aides *(or job titles used)* to move to, or transfer between:

33a. Employers within Saskatchewan:

Home Care Aides *(or job title used)* _____
If 1 or 2, please explain.

____

____

Special Care Aides *(or job title used)* _____
If 1 or 2, please explain.

____

____

33b. Unions within Saskatchewan:

Home Care Aides *(or job title used)* _____
If 1 or 2, please explain.

____

____

Special Care Aides *(or job title used)* _____
If 1 or 2, please explain.

____

____

33c. Health Districts within Saskatchewan:

Home Care Aides *(or job title used)* _____
If 1 or 2, please explain.

____

____

Special Care Aides *(or job title used)* _____
If 1 or 2, please explain.

____

____

All Respondents Continue

34. On a scale of 1 to 5, where 1= Very Difficult and 5 = Not At All Difficult, please comment on how difficult it is for Home Care and Special Care Aides *(or job titles used)* to move to, or transfer between:

34a. Employers within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

34b. Unions within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

35. For the next questions, please use a scale of 1 to 5 where 1 = Very Difficult and 5 = Not At All Difficult: In your opinion, when a Home Care Aide or Special Care Aide *(or job titles used)* transfers either to or from Saskatchewan, how difficult is it for the Aide to get the necessary upgrades if they are missing specific competencies?

35a. Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

35b. Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

36. Do you feel many Home Care/Special Care Aides *(or job titles used)* continue their education and branch into another occupation, such as an LPN or RPN/RN?

_____ yes
_____ no

Section Three: General Industry

37. What do you think are the most pressing general issues facing the Home Care and Special Care industries?

Home Care: ______________________________

____

Special Care: ______________________________

____

38. How do you think these issues can be resolved?

____

____

____

39. What do you think are the most pressing general training issues facing the Home Care and Special Care Industries?

Home Care: ______________________________

____

Special Care: ______________________________

____

40. How do you think these issues can be resolved?

____

____

____

41. Please comment on how training providers could work together to standardize training for home care/special care aides.

____

____

____

42. What other groups could be involved in standardizing this training in Saskatchewan and across the western Canadian provinces?

____

____

____

Contact Name: ______________________________

Business Name: ______________________________

Telephone Number: ______________________________

Fax Number: ______________________________

Street Address: ______________________________

City/Town/Box #: ______________________________

Postal Code: ______________________________

e-mail Address ______________________________

For Interviewer Use Only:

Is the organization a:
____ Saskatchewan training provider ____ out of province training provider

Appendix K: Industry Association Survey

INDUSTRY ASSOCIATION/UNION SURVEY:

Hello. My name is ____________________ and I am calling from Mercury Information Services on behalf of Saskatchewan Health and Post Secondary Education and Skills Training. ***We are conducting a survey with Industry Associations and Unions regarding Home Care and Special Care Aides and are gathering information about a variety of topics including current and future needs, training, and job trends.*** Could I have 15 to 20 minutes of your time to answer some questions? All responses to this questionnaire are voluntary and will be treated as confidential. Do you have a few minutes to speak to me right now? If no, would there be a convenient time that I could call back?

*If yes - time*________________________

If no, end the survey.

If necessary, contact Linda Thauberger at Mercury Information Services (306-922-6891) for more information regarding the survey.

Section One: Job Overview, Recruitment and Retention, Concerns, Job Satisfaction

1. What job title do you use for:
    1a. Home Care Aides: ____________________
    1b. Special Care Aides: ____________________

2. Based on your understanding, please provide a brief description of the role/responsibilities of:
    2a. Home Care Aides in Saskatchewan *(or job title used)* ____________________
    2b. Special Care Aides in Saskatchewan *(or job title used)* ____________________

3. I'd now like to ask you some questions regarding Home Care Aides (or job title used). Do you expect the number of **full-time** Home Care Aide positions in Saskatchewan *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Full-time is defined as working 37.5 hours per week on a permanent basis).*
    ____ increase
    ____ decrease
    ____ stay the same

4. Do you expect the number of **part-time** Home Care Aide positions in Saskatchewan *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*
    ____ increase
    ____ decrease
    ____ stay the same

5. Do you expect the number of **casual** Home Care Aide positions in Saskatchewan *(or job title used)* to increase, decrease or stay the same in the next 5 years? *(Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis.)*

____ increase
____ decrease
____ stay the same

6. In your opinion, is it difficult for organizations to recruit qualified Home Care Aides *(or job title used)*?

____ no **skip to Q7**
____ yes 6a. In your opinion, is it more difficult to recruit (*check one only*):

____ full-time
____ part-time or
____ casual employees

6b. Please explain:

____

____

6c. In your opinion, how can these recruitment difficulties be overcome?

____

____

7. In your opinion, is it difficult for organizations to retain qualified Home Care Aides *(or job title used)*?

____ no **skip to Q8**
____ yes 7a. In your opinion, is it more difficult to retain (*check one only*):

____ full-time
____ part-time or
____ casual employees

7b. Please explain:

____

____

7c. In your opinion, how can these retaining difficulties be overcome?

____

____

8. In your opinion, what are the top 3 job related concerns Home Care Aides *(or job title used)* have?

1. ____
2. ____
3. ____

9. From your perspective, what are the top 3 issues/concerns you have with regards to Home Care Aides *(or job title used)*?

1. ____

2. ____

3. ____

10. In your opinion, on a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, how satisfied do you feel full-time, part-time and casual Home Care Aides *(or job title used)* in Saskatchewan are with their job in general?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
10a. Full-time	1	2	3	4	5	
10b. Part-time	1	2	3	4	5	
10c. Casual	1	2	3	4	5	

11. In your opinion, on a scale of 1 to 5, with 1 being Not at All Satisfied and 5 being Very Satisfied, how satisfied do you feel full-time, part-time and casual Home Care Aides *(or job title used)* in Saskatchewan are with the extent to which their skills are being utilized?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
11a. Full-time	1	2	3	4	5	
11b. Part-time	1	2	3	4	5	
11c. Casual	1	2	3	4	5	

12. Now I'd like to ask you similar questions regarding Special Care Aides (or job title used). Do you expect the number of **full-time** Special Care Aide positions in Saskatchewan *(or job title used)* to increase, decrease or stay the same in the next 5 years? (*Full-time is defined as working 37.5 hours per week on a permanent basis).*

____ increase
____ decrease
____ stay the same

13. Do you expect the number of **part-time** Special Care Aide positions in Saskatchewan *(or job title used)* to increase, decrease or stay the same in the next 5 years? (*Part-time is defined as working regularly scheduled hours totaling less than 37.5 hours per week and is generally assumed to average about half-time or 18.75 hours per week).*

____ increase
____ decrease
____ stay the same

14. Do you expect the number of **casual** Special Care Aide positions in Saskatchewan *(or job title used)* to increase, decrease or stay the same in the next 5 years? (*Casual includes employees not working regularly scheduled hours or working on a non-permanent relief basis).*

____ increase
____ decrease
____ stay the same

15. In your opinion, is it difficult for organizations to recruit qualified Special Care Aides *(or job title used)*?

____ no **skip to Q16**
____ yes 15a. In your opinion, is it more difficult to recruit (*check one only*):

____ full-time
____ part-time or
____ casual employees

15b. Please explain:

____

____

15c. In your opinion, how can these recruitment difficulties be overcome?

____

____

16. In your opinion, is it difficult for organizations to retain qualified Special Care Aides *(or job title used)*?

____ no **skip to Q17**
____ yes 16a. In your opinion, is it more difficult to retain (*check one only*):

____ full-time
____ part-time or
____ casual employees

16b. Please explain:

____

____

16c. In your opinion, how can these retaining **difficulties** be overcome?

____

____

17. In your opinion, what are the top 3 job related concerns Special Care Aides *(or job title used)* have?

1. ______________________________
2. ______________________________
3. ______________________________

18. From your perspective, what are the top 3 issues/concerns you have with regards to Special Care Aides *(or job title used)*?

1. ______________________________
2. ______________________________
3. ______________________________

19. On a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, in general, how satisfied do you feel full-time, part-time and casual Special Care Aides *(or job title used)* in Saskatchewan are with their job?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
19a. Full-time	1	2	3	4	5	
19b. Part-time	1	2	3	4	5	
19c. Casual	1	2	3	4	5	

20. On a scale of 1 to 5, with 1 being Not At All Satisfied and 5 being Very Satisfied, in general, how satisfied do you feel full-time, part-time and casual Special Care Aides *(or job title used)* in Saskatchewan are with the extent to which their skills are being utilized?

	Not at all Satisfied		Neutral		Very Satisfied	*If 1 or 2*, **please explain**
20a. Full-time	1	2	3	4	5	
20b. Part-time	1	2	3	4	5	
20c. Casual	1	2	3	4	5	

Section Two: Skills and Training

21. In your opinion, what are the top 5 knowledge areas required for: *(If the respondent asks for examples, read - Examples include personal care, communications, nutrition, post-acute care, dementia, etc.)*

21a. Home Care Aides *(or job title used)*

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

21b. Special Care Aides *(or job title used)*

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

22. From your perspective, what are the minimum education and experience qualifications required when hiring:

22a. Home Care Aides *(or job title used)*

education

experience

22b. Special Care Aides *(or job title used)*

education

experience

23. Please list all the Home Care/Special Care Aide pre-employment and on-the-job training programs that you are aware of that are currently offered in Saskatchewan. Based on your knowledge of these programs, please provide any comments for each (e.g., cost, content, etc.) *Attach additional pages if need*

1. Program name:

☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate

Comments:

2. Program name:

☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate

Comments:

3. Program name:

☐ pre-employment ☐ on-the-job ☐ certificate ☐ no certificate

Comments:

24. In your opinion, on a scale of 1 to 5 where 1 = Does Not Meet Needs At All and 5 = Meets All Needs, how well do the existing training programs in general for Home Care/Special Care Aides in Saskatchewan meet the needs of employers?

Does Not Meet At All		Neutral		Meets All Needs
1	2	3	4	5

24a. *If 1 or 2*, please explain.

25. What do you feel are the main barriers for urban, rural, and northern people to obtain Home Care/Special Care Aide training: *(Examples: cost, lack of time, geographical proximity to training programs/practicums)*

Urban: ______________________________
____

Rural: ______________________________
____

Northern: ______________________________
____

26. What new skill areas, if any, will be required over the next five years for Home Care Aides and Special Care Aides *(or job titles used)*? Based on these skill changes, what types of changes in training, if any, will be needed over the next 5 years?

26a. Home Care Aides *(or job title used)*	New Skill Areas	Training Changes
26b. Special Care Aides *(or job title used)*	New Skill Areas	Training Changes

27. On a scale of 1 to 5, where 1= Very Difficult and 5 = Not Difficult At All, please comment on how difficult it is for Home Care and Special Care Aides *(or job titles used)* to move to, or transfer between:

27a. Employers within Saskatchewan:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

____
____

27a. Employers within Saskatchewan (cont.):

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

27b. Unions within Saskatchewan:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

27c. Health Districts within Saskatchewan:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

27d. Employers within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

27e. Unions within other provinces:

Home Care Aides *(or job title used)* _____

If 1 or 2, please explain.

____

____

Special Care Aides *(or job title used)* _____

If 1 or 2, please explain.

____

____

28. Do you feel many Home Care/Special Care Aides *(or job titles used)* continue their education and branch into another occupation, such as an LPN or RPN/RN?

No
Yes

29. On a scale of 1 to 5, where 1 = Very Difficult and 5 = Not Difficult At All, in general, how difficult would it be to use a Home Care/Special Care Aide certificate to ladder or transfer into other programs, such as the LPN or RPN/RN.

Very Difficult		Neutral		Not Difficult at All
1	2	3	4	5

29a. *If 1 or 2*, please explain.

____

____

Section Three: General Industry

30. What do you think are the most pressing general issues facing the Home Care and Special Care industries?

Home Care: ______________________________

____

Special Care: ______________________________

____

31. How do you think these issues can be resolved?

____

____

____

32. What do you think are the most pressing general training issues facing the Home Care and Special Care industries?

Home Care: ______________________________
____

Special Care: ______________________________
____

33. How do you think these issues can be resolved?

____
____

Section Four: Contact Information

Contact Name: ____________________
Business Name: ____________________
Telephone Number: ____________________
Fax Number: ____________________
Street Address: ____________________
City/Town/Box #: ____________________
Postal Code: ____________________
e-mail Address ____________________

For Interviewer Use Only: Is the organization an:
____ industry association
____ union

Appendix L: Focus Group Moderator's Guide

Focus Group Moderator's Guide

Introduction

Introduce the client, the moderator, and Mercury Information Services. Thank participants and introduce the topic for discussion: a labour market analysis of Home Care Aides and Special Care Aides in Saskatchewan.

Explain the function of focus groups.

There are no correct answers – only your opinion. You are speaking for many other decision makers like yourself.

The goal of the focus group is not to gain consensus in the group so it is important to hear from everyone. Don't worry if your opinions differ from others in the group.

Discussions should be carried out with one person speaking at a time – no side discussions please. I'm afraid I will miss some important comments.

The focus group will be audio taped, which will allow me to concentrate on what you are saying rather than taking notes. This will allow us to transcribe the results of the focus group for further analysis. All of the information collected tonight will be confidential. Your names will not be used.

I will not be offering *my* opinions during the discussion. It is more important to hear *your* feelings and opinions.

Have all participants introduce themselves and their organization.

Any questions before we begin?

Discussion Guide

A comprehensive survey of employers, employees, and training providers was conducted to gather information on the labour market in Saskatchewan. The purpose of a focus group is to validate these findings and to explore in greater detail issues that were identified by the survey. A number of areas will be covered at today's focus group including:

- Employment status;
- Recruitment and retention;
- Skills;
- Training; and
- General industry.

I. Employment Status

The surveys provided the following profile on Home Care and Special Care Aide type positions in Saskatchewan:

- The main employers of Home Care and Special Care Aide type positions, as reported in the employee survey, are long-term care facilities and home care. Most of these employers are in the public sector.
- Almost half of employers currently employ Home Care Aide type positions while over half currently employ Special Care Aide type positions.
- The majority of Home Care Aides are not employed on a full-time basis while the majority of Special Care Aides are employed on a full-time basis.
- Many employers have employees who work as both Home Care Aides and Special Care Aides.
- The majority of respondents do not feel these positions are filled by other occupations such as nurses.
- Generally Home Care and Special Care Aides are satisfied with their jobs and the extent to which their jobs utilize their skills.

Do you agree with this profile? Why or why not?

The surveys indicate that approximately one-quarter of employers employ Aboriginal people in their organization. Do you agree with this profile? Why or why not?

The main duties of Home Care Aide type positions include:

- Basic daily personal care (dressing, bathing, and grooming)
- Basic housekeeping (cleaning, laundry)
- Meal preparation
- Respite services

Do you feel this is accurate for Home Care Aide type positions? Why or why not? *If not*, what main duties are missing?

The main duties of Special Care Aide type positions include:

Basic daily personal care
Meals and feeding
Socializing/entertainment

Do you feel this is accurate for Special Care Aide type positions? Why or why not? *If not*, what main duties are missing?

Survey respondents were mainly split between urban and rural with some respondents being northern. Some of the main differences noted between these respondents included:

Travel issues
Cost and accessibility of training

What other main differences are there between urban, rural, and northern employers? How can these differences be overcome?

10.1 II. Recruitment and Retention

Generally, employers have difficulty in both recruiting and retaining qualified Home Care and Special Care Aide type positions. What can employers and the health care industry do to overcome these difficulties?

What initiatives can be undertaken by training providers to improve the supply and retention of Home Care and Special Care Aide type positions in Saskatchewan?

It is generally believe to be more difficult to recruit and retain part-time and casual employees than full-time employees. What can be done to address the need for more part-time and casual employees?

Some of the top job concerns of Home Care and Special Care Aide type positions include:

Workload (including understaffing, time pressures)
Management issues
Irregular shifts (including lack of full-time hours, seniority issues)
Salary and benefits, pension
Travel issues
Personal safety

Do you feel these concerns are accurate? Why or why not? What can be done by employers and the health care industry to address these concerns?

10.2 III. Skills

Currently, the top skill areas required by Home Care and Special Care Aide type positions include:

Personal care
Communication
Providing compassion, empathy, and a caring attitude
Understanding dementia
Nutrition

What other "top skills" are currently required of Home Care and Special Care Aide type positions? Are there any skills that were once required and are no longer being used by Home Care and Special Care Aide type positions? *If so*, please specify.

How strong is the demand or need for training related to Occupational Health and Safety (OH&S) skills within your organization? Has training for these skills been accessed recently? *If so*, in what skills areas was this training provided?

New skills that will be required of Home Care and Special Care Aide type positions in the next 5 years include:

Delegation
Behaviour management
Palliative care
Distribution of medications
Conflict resolution
New equipment and lifts

What other new skills will be required of Home Care and Special Care Aide type positions? What training changes will be required to meet these new skill areas?

In your opinion, how can we best develop the skills and competencies required by industry to meet future needs? (*Prompt participants for an administrative mechanism that could be used.*)

10.3 IV. Training

The majority of Home Care and Special Care Aides have a certificate that was obtained through a training institution prior to their employment. Most employers require those without a certificate to obtain one during their first two years of employment. How well do these existing formal training programs meet the needs of both its graduates and employers? What changes, if any, are required to better meet these needs?

On-the-job training is provided by less than half of the employers who were surveyed. Do you feel more on-the-job training should be provided for Home Care and Special Care Aide type positions? Why or why not? *If yes*, in what areas? What, if any, are the barriers to providing on-the-job training? How can these barriers be overcome?

Is the cost of pre-employment and on-the-job training reasonable? Why or why not?

Do current training initiatives adequately recognize prior learning assessments (PLAR) and on-the-job training? Why or why not? (*Definition: PLAR provides a way to capture and document lifelong learning. It is a step-by-step approach to identifying and demonstrating skills and knowledge.*)

How well do existing training programs allow Home Care and Special Care Aides to ladder into other training programs (i.e. LPN, RPN/RN)? Please explain. Do many Home Care and Special Care Aides continue their education in these areas? Why or why not?

There are currently two training providers that offer formal, pre-employment training for employees (i.e. SIAST, SBC). In addition, on-the-job training is offered by various employers. Is there a need to standardize training programs? Why or why not? *If yes*, how could this be accomplished?

How do current training providers gain input from the health care industry for the development of their programs? Is there a need for training providers and industry to work more closely together? *If yes*, what mechanism could be used to allow this to work effectively?

10.4 V. General Industry

Most employers feel it is relatively easy for employees to move between employers, health districts, and unions both within the province and outside the province. Do you agree that, given different education and experience levels, Home Care and Special Care Aides are quite portable? Why or why not? How important is portability of Home Care and Special Care Aides? *If important*, what can be done to improve this?

Do you expect the future need for Home Care and Special Care Aide type positions to increase, decrease, or stay the same? Do you expect these needs to differ for full-time, part-time and casual employees? Please explain. *If expected to increase*, what can be done by the health care industry to ensure these needs are met?

What are some of the general health care industry issues that affect the labour market for Home Care and Special Care Aides? How can these issues be overcome?

10.5 VI. Closing Comments

In closing, I would like to ask if you have any additional comments regarding the labour market for Home Care or Special Care Aide type positions in Saskatchewan.

Thank-you for your time!